

Bedfordshire County Council

REPORT

of the

Medical Officer of Health

for the Year ended

1954



BEDFORD
FISHER & SONS (Bedford) Ltd.

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To the Chairman and Members of the Bedfordshire County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1954.

During the year there were no changes in senior medical and nursing *Staff*. This is an important fact. It made possible continuity of work and a steady development of the services. The dental service lost Mrs. G. M. Basford, L.D.S., who had given good service for a number of years, but recruited Mr. H. H. Revill, L.D.S. Thus, at the end of the year the number of dental surgeons was unchanged. It is very inadequate, but some comfort may be derived from the fact that, notwithstanding the general shortage of dental surgeons, there is now to be found year by year, taking the country as a whole, a gradual increase in the number employed in the maternity and child welfare and school health services. The occupational therapy service was re-inforced by the appointment, in conjunction with the Welfare Committee, of an additional occupational therapist, Miss M. K. Buist. Miss C. M. Bond resigned her post and was replaced by Miss D. Smith. Difficulties were encountered in recruiting suitable Mental Health Workers and Ambulance Personnel, but the position in regard to Health Visitors was easier, three additions to the staff being made.

The *Statistics* section of the Report contains a statement on the 1951 Census in so far as it concerns this County. Amongst the many interesting points there is the fact that between 1931 and 1951 the population increased by 91,000 persons, i.e. an increase of 41.5 per cent. Only 12 per cent of this increase can be accounted for by excess of births over deaths. The balance is due to immigration, which has produced a number of social problems. It is a somewhat startling fact that of the population enumerated only 52.3 per cent were born in the County.

As to the vital statistics of the County, these do not show any marked divergence from those of the country as a whole. It is regrettable, however, to have to report that the Infantile Mortality Rate rose to 26.5 and for the first time exceeded that for England and Wales, which was 25.5, the lowest national rate yet recorded. It will be seen from Table XII that by far the greatest number of infant deaths is in "Other Defined Causes", a term which includes Prematurity. It is hoped that research into this condition will be fruitful. As is usual, the Death Rate for Illegitimate Infants was high, reaching 46.3. Such a rate underlines the need for continuing the facilities which the Authority provides for unmarried mothers and their babies.

Heart Disease, Cancer, and Cerebral Haemorrhage again occupy the first three places in the list of Causes of Death. Cancer of the lung has attracted much attention. In England and Wales in 1934 there were 2,775 deaths from this cause, in 1944 the number was 6,684, and in 1954

it rose to 16,332. In Bedfordshire in 1954 there were 113 deaths, 98 males and 15 females, and this is the highest figure reached so far. In the case of males, the number of deaths due to cancer of the lung represented 30.8 per cent of all cancer deaths.

With regard to the *Services*, on several occasions in these reports attention has been drawn to the fact that the Local Health Authority services are merely one part of a national health service, and that the several parts are interdependent. Much time is devoted to achieving effective co-operation and avoidance of overlapping. To this end, steps were taken during the year to bring the general medical practitioners and health visitors into a closer association.

The *Nursing Services* continued to function well, notwithstanding occasional difficulties in staffing. The members of the several branches are brought together frequently so that they may be informed of new ideas and of the way the services are being developed.

It may be appropriate to stress again the importance of Health Visitors in a public health service. For many years they devoted their energies primarily to the welfare of mothers and children, a task in which they achieved notable success. This work is still important, but Health Visitors are being called upon more and more to deal with Problem Families and the Aged. Their precise functions, however, are not yet sufficiently defined, and it is all to the good that a Working Party has been formed to advise on these.

The Home Nurses, particularly in urban areas, were subjected to considerable pressure of work. The increased use of antibiotics given by injection partly accounts for this, but there are increasing calls for nursing assistance to the aged. Of the 7,385 patients attended during the year, no less than 2,805 were 65 years of age or over.

The Domiciliary Midwives carried out their duties efficiently. It is necessary to remark, however, that with the advent of compulsory refresher courses from the beginning of 1958 and the expected increase in the annual number of births shortly after that date, a revision of the establishment must be contemplated.

The *Home Help Service* continued its valuable work. It is quite clear from the case papers that the service is meeting an urgent social need, particularly amongst the aged and infirm. It is, however, one which demands careful organisation if legitimate needs are to be met and abuse avoided. In the words of the Chief Medical Officer of the Ministry of Health, "More than any other service, that of the domestic help is open to abuse and to an insatiable demand."

The quality of the *Ambulance Service* seems to have been greatly appreciated. There is no doubt that the institution of radio-telephony has added greatly to its efficiency. As in the case of the Domestic Help service a strict control is necessary, if it is to be confined to those in genuine need. It will be observed from Table XXVIII that the mileage done has increased during the last three years.

The growing importance of the *Mental Health Service* in the prevention of mental ill-health and the care of the mentally sick and the mentally defective has been mentioned in previous reports. The Minister has asked for a review of work done in this field, and particularly for the number and qualifications of whole-time and part-time staff, male and female, available for the work. Including two recent appointments, the staff may be regarded as adequate at present. Generally, it may be said that there is developing a better knowledge of the nature of the work done by the Mental Health service, and to this the mental health workers are largely contributing.

As regards *Infectious Diseases*, there was a sharp decrease in the number of cases notified. This fact is very largely explained by the relative absence of Measles, following an epidemic in the previous year. In 1954 Whooping Cough headed the list. Since last November, the Authority have provided facilities for protection against the disease to children under the age of two years who have not suffered from it. It will be interesting to observe during the next few years the results of the scheme. For the third year in succession there was no case of Diphtheria, and there has been no fatal case since 1946. In Tuberculosis, good progress continued to be made. The number of notifications of pulmonary tuberculosis was low, viz. 240, the average for the previous six years being 353, while the Death Rate of 9.1 per 100,000 was the lowest recorded in the County. The figure for England and Wales was 16. An unsatisfactory and potentially dangerous state of affairs in regard to vaccination against Smallpox exists. In Bedfordshire only 21 per cent of infants were vaccinated in 1954; the figure for England and Wales was 34.5 per cent. Attention is being given to this matter.

Voluntary bodies and individuals continued to give valuable assistance during the year, and I express my thanks to them. This year special mention must be made of the W.V.S. who have given substantial assistance to the Authority in their new duty of distributing Welfare Foods. I gratefully acknowledge also the ready help given by the Medical Directors of the Public Health Laboratories in Bedford and Luton, and by colleagues in the hospital and general medical practitioner services. Without doubt, this help has been the means of preventing much suffering and, in some cases, of saving lives. I wish also to express my gratitude for the sympathetic administration of the members of this Authority, and my appreciation of the work done so well and readily by members of the staff of the Health Department, both professional and lay.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,

County Medical Officer of Health.

Shire Hall,

Bedford.

May, 1955.

STAFF

as at 31st December, 1954

County Medical Officer of Health

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

Deputy County Medical Officer of Health

C. A. HARVEY, M.B., CH.B., D.P.H.

Divisional Medical Officers

G. K. BOWES, M.A., M.D., M.R.C.S., M.R.C.P., D.P.H.

R. M. DYKES, M.A., M.D., D.P.H.

C. A. HARVEY, M.B., CH.B., D.P.H.

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant County Medical Officer for Maternity and Child Welfare

ELIZABETH E. BROWN, M.B., CH.B., B.Hy., D.P.H.

Assistant County Medical Officers and School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

DORA S. JAMES, M.B., B.S., D.Obst.R.C.O.G.

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.C.H.

FRANCES A. WILLIAMS, M.R.C.S., L.R.C.P., M.B., B.S., D.F.H.

Chest Physicians (part-time)

J. B. SHAW, M.D., B.A.O., D.P.H.

N. R. WYNN-WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P.

Senior Dental Surgeon

R. B. T. DINSDALE, L.D.S.

Dental Surgeons

A. P. ATKINS, L.D.S.

GLADYS M. BASFORD, L.D.S. (Res. 30.9.1954)

A. A. GARDNER, B.Dent.Sc.

F. BRABINGTON-PERRY, L.D.S., R.C.S. (PART-TIME)

H. H. REVILL, L.D.S., R.C.S. (Apptd. 1.7.1954)

STAFF—*continued**Chief Nursing Officer*

FLORENCE M. TOMBS, S.R.N., S.C.M., H.V.'s CERT.

Deputy Chief Nursing Officers

DORIS E. TATE, S.R.N., S.C.M., H.V.'s CERT.

ANN E. L. DREW, S.R.N., S.C.M., H.V.'s CERT.

County Sanitary Officer

R. E. N. THOMAS, T.D., F.R.San.I., M.S.I.A., M.R.I.P.H.H.

County Analyst

A. LICKORISH, F.I.C.

Health Education and Statistics Officer

C. J. GUY, D.P.A., F.S.S.

Senior Mental Health Worker

C. W. FRENCH (Psychiatric Social Worker)

Occupational Therapists

CHRISTINE M. BOND, M.A.O.T. (Res. 28.8.1954)

MARY K. BUIST, M.A.O.T. (Apptd. 1.6.1954)

DAPHNE SMITH, M.A.O.T. (Apptd. 16.8.1954)

County Ambulance Superintendent

J. P. WILLEY

Chief Clerk

S. P. MARRIOTT

SECTION I

STATISTICS

GENERAL INFORMATION

The area of the geographical and administrative County is approximately 302,941 acres (474 square miles). Its greatest length is from North to South and is $36\frac{1}{2}$ miles; its greatest breadth is $22\frac{1}{2}$ miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1954, the rateable value was £2,014,087. The product of a penny rate for 1953-54 was, for general County purposes, £8,032. The estimated figure for 1954-55 is £8,102.

POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1954 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home populations". The estimated home populations of the County Districts at the 30th June, 1954, were as follows:—

Administrative County	...	...	320,100
Urban Districts	...	...	218,000*
Amphill	...	...	3,050
Bedford M.B.	...	...	55,170
Biggleswade	...	...	7,650
Dunstable M.B.	...	...	17,680*
Kempston	...	...	8,840
Leighton Buzzard	...	...	9,250
Luton M.B.	...	...	112,500
Sandy	...	...	3,860
Rural Districts	...	...	102,100*
Amphill	...	...	23,790
Bedford	...	...	32,160
Biggleswade	...	...	26,170
Luton	...	...	19,980*

*Under the Dunstable (Extension) Order, 1954, part of the parish of Houghton Regis in Luton Rural District was transferred to the Borough of Dunstable as from the 1st April, 1954. The number of births and deaths assigned to the Rural District and the Borough for the first quarter of 1954 relate to the old boundaries, whereas those for the last three quarters are for the areas as now constituted. The Registrar General has, therefore, calculated the following working populations (which combine the before and after boundary change positions) for the purpose of calculating birth and death rates:—

Dunstable Borough	17,570	Aggregate of U.Ds.	217,890
Luton R.D.	20,090	Aggregate of R.Ds.	102,210

There is reason to believe that the number of Service personnel stationed in the County fluctuates considerably. Their inclusion makes useful comment on the population figures difficult. Thus, in comparison with the previous year, it is estimated that there were 2,000 more people in the urban areas and 2,100 less in the rural, a net loss of 100 for the whole County. Yet the excess of births over deaths in the urban areas was 1,257 and in the rural 444, making 1,701 for the County as a whole.

EXTRACTS FROM VITAL STATISTICS FOR 1954

		<i>Total</i>	<i>M.</i>	<i>F.</i>		
LIVE BIRTHS :						
Legitimate ...	4,651	2,437	2,214	Crude Birth Rate		
Illegitimate ...	259	141	118	per 1,000 estimated		
				home population	15.3	
STILLBIRTHS ...	123	71	52	Rate per 1,000		
				total (live and still)		
				births	24.4	
DEATHS	3,209	1,668	1,541	Crude Death Rate		
				per 1,000 estimated		
				home population	10.0	
MATERNAL DEATHS	...	...	...	3	Death Rate per	
					1,000 total (live	
					and still) births	0.60
DEATH RATES OF INFANTS UNDER ONE YEAR OF AGE :						
All infants per 1,000 live births	...	...	...	...	...	26.5
Legitimate infants per 1,000 legitimate live births	...	...	...	...	...	25.4
Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	46.3

TABLE I—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1954 (SUBDIVIDED ACCORDING TO LEGITIMACY),
TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS				DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS				
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN :													
Ampthill ...	47	1	48	15.7	16.7	1	—	1	20.9	1	—	1	20.4
Bedford ...	927	43	970	17.6	17.1	19	—	19	19.6	24	4	28	28.1
Biggleswade ...	110	3	113	14.8	14.6	1	1	2	17.7	6	—	6	50.4
Dunstable ...	278	10	288	16.4*	16.2	5	1	6	20.8	7	1	8	27.0
Kempston ...	100	5	105	11.9	12.7	6	1	7	66.7	3	—	3	27.8
Leighton Buzzard ...	176	6	182	19.7	19.1	4	—	4	22.0	3	—	3	16.2
Luton ...	1,472	97	1,569	13.9	13.8	45	4	49	31.2	37	3	40	24.9
Sandy ...	58	5	63	16.3	16.8	—	1	1	15.9	2	—	2	30.8
TOTALS ...	3,168	170	3,338	15.3*	15.2	81	8	89	26.7	83	8	91	26.6
RURAL :													
Ampthill ...	345	14	359	15.1	15.4	12	—	12	33.4	12	—	12	32.3
Bedford ...	461	35	496	15.4	18.4	11	—	11	22.2	7	—	7	13.9
Biggleswade ...	375	17	392	15.0	15.9	9	1	10	25.5	11	1	12	29.7
Luton ...	302	23	325	16.2*	16.3	5	3	8	24.6	1	—	1	3.1
TOTALS ...	1,483	89	1,572	15.4*	16.6	37	4	41	26.1	31	1	32	20.0
GRAND TOTALS ...	4,651	259	4,910	15.3	15.6	118	12	130	26.5	114	9	123	24.4

* See note on page 8

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,
WHOLE COUNTY AND ENGLAND AND WALES, 1944-54

YEAR	CRUDE BIRTH RATES PER 1,000 POPULATION*				INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales†	Urban Districts	Rural Districts	Whole County	England and Wales§	Urban Districts	Rural Districts	Whole County	England and Wales‡
1944	21·8	18·9	20·9	19·9	34·3	37·8	35·2	46	27·9	30·6	28·7	27·7
1945	18·9	17·2	18·4	17·8	33·4	35·8	34·1	46	27·0	25·3	26·5	27·6
1946	19·3	18·3	19·0	20·2	35·2	32·7	34·5	43	31·6	24·3	29·6	27·2
1947	20·9	19·5	20·5	21·1	32·1	27·0	30·7	41	21·2	23·5	21·8	24·1
1948	17·6	17·4	17·5	18·1	29·2	31·4	29·8	34	20·3	18·2	19·7	23·2
1949	16·3	17·3	16·7	16·9	27·2	25·4	26·6	32	23·5	24·2	23·7	22·7
1950	15·6	15·4	15·5	15·9	24·0	28·2	25·3	29·9	26·9	24·9	26·3	22·7
1951	15·7	14·0	15·2	15·5	28·3	22·8	26·6	29·6	23·6	23·6	23·6	22·9
1952	14·9	14·2	14·6	15·3	23·2	26·1	24·1	27·6	23·0	24·2	23·3	22·6
1953	15·2	14·7	15·0	15·5	26·8	19·6	24·5	26·8	24·1	19·8	22·7	22·4
1954	15·3	15·4	15·3	15·2	26·7	26·1	26·5	25·5	26·6	20·0	24·4	24·0

* Civilian population to 1949 ; home population since
‡ Rate refers to stillbirths occurring during calendar year.

† Rate refers to births occurring during calendar year.
§ Rate per 1,000 related births.

BIRTHS

4,910 live births attributable to Bedfordshire residents were registered during 1954. The distribution of these births amongst the County Districts is shown in Table I.

As the number of births in any area is largely governed by the number of married women of child-bearing age, it follows that crude birth rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the populations concerned is the same. To overcome this difficulty, the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth rate* is obtained which is comparable with the adjusted birth rate of any other area in the same year. The crude and adjusted birth rates based on the *home* populations for each of the county districts are shown in Table I.

Table II shows the crude birth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the last eleven years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years 1950-54. The use of home populations gives a slightly lower figure for the County (e.g., in 1951 the birth rate per 1,000 home population was 15·2 and per 1,000 civilian population, 15·7) but a much lower figure for the Rural Areas (e.g., in 1951, 14·0 against 15·4).

The crude birth rate for the County in 1954 was 15·3. There has been a slight rise in this rate over the past two years and the downward trend which has been observed since 1947 has been checked for the time being.

It should be noted that the rates for England and Wales are calculated as the births *occurring* during the year per 1,000 of the population. As, however, most births are now registered soon after they occur, there is unlikely to be any appreciable difference between the number of births occurring and the number registered in a year.

ILLEGITIMACY

The illegitimate live births numbered 259 (141 males and 118 females) during 1954, compared with 239 for the previous year, and constituted 5·3 per cent of the total live births. In England and Wales, 4·6 per cent of the live births in 1954 were illegitimate.

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life. It will be seen in Table I that there were 123 stillbirths attributable to Bedfordshire residents during 1954, giving a stillbirth rate of 24·4 per thousand total births (live and still). Table II shows the stillbirth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past eleven years. It will be observed that the rate for the County is higher than for the previous three years and well above the low figure of 19·7 attained in 1948. The figure for England and Wales also increased and was higher than it had been since 1947.

An analysis of 72 stillbirths occurring in hospital practice in 1953 shows that 14 were due to congenital malformations, 30 were due to toxæmia and hæmorrhage, and 28 to a variety of other causes. 58 of the cases were booked for hospital confinement.

DEATHS

In 1950, the Registrar General returned to the pre-war practice of including deaths of service personnel stationed in the area with those of civilians whose usual residence was in the County. 3,209 deaths were registered in 1954, giving a crude death rate per 1,000 home population of 10·0, compared with 9·6 in 1953.

Table III shows the age distribution of the deaths registered in the years 1946 to 1954, and Table IV shows the percentage of total deaths occurring at 65 years and over in the Urban and Rural Areas during the past nine years. The inclusion of service deaths in the last five years may have resulted in a slightly larger number of deaths in the age-group 15–44 years than would otherwise have been the case, but the overall effect will have been insignificant.

TABLE III—DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY, 1946–54

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1946	187	29	27	267	666	1,965	3,141
1947	184	37	39	269	618	2,061	3,208
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228
1953	118	14	11	178	671	2,094	3,086
1954	130	6	17	181	730	2,145	3,209

TABLE IV—PERCENTAGE OF TOTAL DEATHS OCCURRING AT AGE 65 AND OVER IN URBAN AND RURAL AREAS, 1946–54

Year	Urban Districts			Rural Districts		
	Deaths at		Percentage occurring at 65+	Deaths at		Percentage occurring at 65+
	All ages	65+		All ages	65+	
1946	2,157	1,303	60·4	984	662	67·3
1947	2,178	1,362	62·5	1,030	699	67·9
1948	2,007	1,216	60·6	967	638	66·0
1949	2,242	1,379	61·5	1,033	729	70·6
1950	2,196	1,432	65·2	1,013	697	68·8
1951	2,293	1,477	64·4	1,053	754	71·6
1952	2,226	1,472	66·1	1,002	694	69·3
1953	2,020	1,347	66·7	1,066	747	70·1
1954	2,081	1,368	65·7	1,128	777	68·9

DEATH RATES

It has been pointed out on previous occasions that comparison of crude death rates of different districts is not valid unless the population structure of each is exactly the same. To enable local death rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death rate is multiplied by this factor, an *adjusted death rate* is obtained which is comparable with the adjusted death rate of any other area or with the crude death rate of England and Wales *in the same year*. The crude death rates, area comparability factors and adjusted death rates of the sanitary districts and of England and Wales for 1954 are shown in Table V.

TABLE V—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1954

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts	9·6*	1·03	9·8
Ampthill	8·5	0·75	6·4
Bedford	9·2	0·91	8·4
Biggleswade	13·7	0·92	12·6
Dunstable	11·2*	1·05	11·7
Kempston	9·0	1·01	9·1
Leighton Buzzard	10·5	0·98	10·3
Luton	9·2	1·13	10·4
Sandy	9·6	0·91	8·7
Rural Districts	11·0*	0·96	10·6
Ampthill	10·5	0·93	9·7
Bedford	11·2	0·92	10·3
Biggleswade	12·2	1·00	12·2
Luton	9·9*	1·01	10·0
Admin. County	10·0	1·01	10·1
England and Wales	11·3	1·00	11·3

* See note on page 8

TABLE VI—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1954

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory	29	—	6	2	2	1	—	9	—	20	—	2	5	2	9
2. Tuberculosis, Other	4	1	—	—	—	—	—	1	—	2	—	1	1	—	2
3. Syphilitic Disease	5	—	2	—	1	—	—	1	—	4	—	—	1	—	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
6. Meningococcal Infections	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	5	—	—	—	1	—	—	—	—	1	—	1	3	—	4
Malignant Neoplasm—															
10. Stomach	103	1	14	2	3	2	4	45	5	76	6	11	6	4	27
11. Lung, Bronchus	113	—	10	5	9	4	4	49	1	82	5	13	8	5	31
12. Breast	59	—	12	3	8	2	1	13	1	40	4	5	5	5	19
13. Uterus	29	1	4	1	5	1	1	6	—	19	2	6	1	1	10
14. Other Malignant and Lymphatic Neoplasms	306	1	54	12	13	12	8	96	3	199	27	42	22	16	107
15. Leukaemia, Aleukaemia	12	—	—	—	1	2	3	3	1	10	—	—	—	2	2
16. Diabetes	18	—	3	—	1	—	—	4	—	8	1	5	2	2	10
17. Vascular Lesions of Nervous System	466	4	76	19	26	9	11	169	3	317	40	52	28	29	149
18. Coronary Disease, Angina	398	4	68	10	25	7	10	125	7	256	43	43	34	22	142
19. Hypertension with Heart Disease ...	64	—	13	1	3	2	5	15	—	39	3	10	11	1	25
20. Other Heart Disease	552	8	70	16	35	11	20	144	6	310	52	48	107	35	242
21. Other Circulatory Disease	120	1	22	3	6	1	3	40	1	77	7	13	16	7	43
22. Influenza	2	—	—	1	—	—	—	—	—	1	—	1	—	—	1
23. Pneumonia	129	—	15	3	5	1	5	44	1	74	9	18	18	10	55
24. Bronchitis	149	1	30	6	12	3	2	58	4	116	7	10	5	11	33
25. Other Diseases of Respiratory System	28	—	7	2	1	—	—	6	1	17	5	3	—	3	11
26. Ulcer of Stomach and Duodenum ...	40	—	9	—	5	1	1	12	—	28	1	7	3	1	12
27. Gastritis, Enteritis and Diarrhoea ...	23	—	6	—	—	—	—	8	—	14	3	1	3	2	9
28. Nephritis and Nephrosis	21	—	2	1	1	2	1	6	—	13	2	4	1	1	8
29. Hyperplasia of Prostate	20	1	3	—	1	—	2	8	—	15	2	2	—	1	5
30. Pregnancy, Childbirth, Abortion ...	3	—	2	—	—	—	—	—	—	2	—	—	1	—	1
31. Congenital Malformations	28	—	3	—	1	1	—	14	—	19	2	3	2	2	9
32. Other Defined and Ill-defined Diseases	327	3	47	16	21	13	9	107	1	217	17	38	29	26	110
33. Motor Vehicle Accidents	60	—	10	—	7	1	1	20	1	40	3	9	4	4	20
34. All Other Accidents	63	—	14	2	2	3	2	15	—	38	5	11	4	5	25
35. Suicide	29	—	4	—	1	1	4	12	1	23	3	1	1	1	6
36. Homicide and Operations of War ...	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—
TOTALS : ALL CAUSES... ..	3,209	26	507	105	196	80	97	1,033	37	2,081	249	360	321	198	1,128

TABLE VII—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1954, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH	URBAN DISTRICTS															RURAL DISTRICTS																				
	MALES									FEMALES						MALES									FEMALES											
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory ...	—	—	—	—	3	8	—	1	12	—	—	—	—	5	—	2	1	8	—	—	—	—	—	3	1	—	4	—	—	—	—	2	2	1	—	5
2. Tuberculosis, Other ...	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ...	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	2	1	—	—	3	—	—	—	—	1	—	—	—	1
Malignant Neoplasm—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Stomach ...	—	—	—	—	1	15	16	5	37	—	—	—	—	—	8	17	14	39	—	—	—	—	3	2	6	6	17	—	—	—	—	1	1	2	6	10
11. Lung, Bronchus ...	—	—	—	—	5	35	26	6	72	—	—	—	—	1	6	2	1	10	—	—	—	—	—	14	8	4	26	—	—	—	—	—	2	3	—	5
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	20	9	7	40	—	—	—	—	—	—	—	—	—	—	—	—	—	2	9	4	4	19
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	11	3	2	19	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	2	3	10
14. Other Malignant and Lymphatic Neoplasms ...	—	—	2	—	8	28	20	34	92	—	—	2	1	6	39	23	36	107	1	—	—	1	3	21	16	28	70	—	—	—	—	1	11	11	14	37
15. Leukaemia, Aleukaemia ...	—	—	—	—	—	2	—	1	3	—	—	1	2	—	3	1	—	7	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1
16. Diabetes ...	—	—	—	—	—	—	2	1	3	—	—	—	—	—	2	2	1	5	—	—	—	—	—	—	2	1	3	—	—	—	—	—	1	4	2	7
17. Vascular Lesions of Nervous System ...	—	—	—	—	3	30	45	62	140	—	—	—	—	—	23	55	99	177	—	—	—	—	—	13	14	37	64	—	—	—	—	—	14	32	39	85
18. Coronary Disease, Angina...	—	—	—	—	4	72	56	32	164	—	—	—	—	—	9	37	46	92	—	—	—	—	6	25	22	29	82	—	—	—	—	1	13	20	26	60
19. Hypertension with Heart Disease ...	—	—	—	—	—	7	6	3	16	—	—	—	—	—	4	11	8	23	—	—	—	—	—	5	1	7	13	—	—	—	—	—	5	1	6	12
20. Other Heart Disease ...	—	—	—	—	3	13	28	79	123	—	—	—	—	8	10	38	131	187	—	—	—	—	1	15	30	65	111	—	—	—	—	1	6	24	100	131
21. Other Circulatory Disease...	—	—	—	—	1	17	10	19	47	—	—	—	2	1	6	7	14	30	—	—	—	—	—	9	8	9	26	—	—	—	—	—	4	2	10	17
22. Influenza ...	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23. Pneumonia ...	7	—	1	—	1	5	11	8	33	6	2	—	—	—	6	6	21	41	4	—	1	—	1	5	8	11	30	5	—	—	—	—	—	—	—	—
24. Bronchitis ...	2	—	—	—	—	19	30	24	75	—	1	—	1	—	2	10	27	41	—	—	—	—	—	6	8	12	26	—	—	—	—	1	3	4	12	25
25. Other Diseases of Respiratory System ...	—	—	—	—	—	5	3	3	11	—	—	—	—	—	2	1	3	6	—	—	—	—	—	1	1	1	3	—	—	—	—	1	3	—	4	8
26. Ulcer of Stomach and Duodenum ...	—	—	—	1	—	9	4	8	22	—	—	—	—	1	1	1	3	6	—	—	—	—	—	1	4	4	9	—	—	—	—	—	1	—	—	3
27. Gastritis, Enteritis and Diarrhoea ...	2	—	—	—	—	1	—	2	5	3	—	—	—	1	1	2	2	9	1	—	—	—	—	2	1	—	4	2	—	—	—	—	2	—	—	
28. Nephritis and Nephrosis ...	—	—	—	—	—	5	1	1	7	—	—	—	2	—	1	1	2	6	—	—	—	—	—	2	1	—	3	1	—	—	—	—	—	—	—	5
29. Hyperplasia of Prostate ...	—	—	—	—	—	—	5	—	15	—	—	—	—	—	—	—	—	6	—	—	—	—	2	1	—	3	1	—	—	—	—	3	—	1	—	5
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	2	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations...	7	—	—	1	—	1	—	—	9	8	—	—	1	—	1	—	—	10	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
32. Other Defined and Ill-defined Diseases ...	30	—	—	2	4	14	13	35	98	19	—	—	—	7	23	12	58	119	9	—	2	2	2	12	8	28	63	11	—	1	—	4	8	4	19	47
33. Motor Vehicle Accidents ...	—	1	1	6	11	10	4	2	35	—	1	—	—	—	1	1	2	5	—	—	1	3	10	—	2	1	17	—	—	1	1	1	—	—	—	3
34. All Other Accidents ...	1	—	3	4	2	3	3	6	22	1	—	—	—	1	—	4	10	16	—	1	—	—	—	3	3	—	15	—	—	—	—	2	2	6	10	
35. Suicide ...	—	—	—	1	5	2	5	1	14	—	—	—	—	1	6	2	—	9	—	—	—	—	1	2	2	—	5	—	—	—	—	—	—	—	—	1
36. Homicide and Operations of War ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS : ALL CAUSES ...	50	1	7	15	52	304	290	341	1,060	39	4	4	10	41	186	249	488	1,021	19	1	4	6	33	145	144	256	608	22	—	2	3	21	95	119	258	520

CAUSES OF DEATH

The causes of death in the Sanitary Districts and the County as a whole are shown in Table VI. Table VII shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VIII has been prepared, showing the actual number of deaths from these diseases in 1954, and the percentages of the total number of deaths attributable to them. The corresponding percentages for 1952 and 1953 are also shown.

TABLE VIII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES IN 1954, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THOSE DISEASES IN 1952-54

	No. of deaths in 1954	Percentage of total deaths in 1954	Corresponding percentage in	
			1953	1952
Heart Disease	1,014	31·6	30·7	31·4
Cancer (including Leukaemia)	622	19·4	17·2	18·6
Cerebral Haemorrhage, etc. ...	466	14·5	14·4	14·9
Bronchitis	149	4·6	5·3	4·4
Pneumonia	129	4·0	4·0	3·8
Other Circulatory Diseases ...	120	3·7	4·6	4·1
Respiratory Tuberculosis ...	29	0·9	1·6	1·4

These seven causes account for threequarters of the deaths in the County. It will be seen that the order remains almost unchanged. Heart Disease again heads the list, the number of deaths from this cause being nearly twice that from cancer which is second in the list.

HEART DISEASE

Once again the number of deaths from heart disease exceeded one thousand. Table IX shows the sex and age distribution of such deaths for the years 1941 to 1954. It will be observed that the majority of the deaths occur in persons aged 65 years and over. Reference to Table VII shows that coronary disease and angina were more prevalent amongst males.

TUBERCULOSIS

The death rate from respiratory tuberculosis has shown a downward trend in Bedfordshire during the past twenty-five years and in 1954 the figure of 9·1 per 100,000 home population was the lowest ever recorded. The rural death rate continued to be lower than the urban rate, being 8·8 as against 9·2. The corresponding death rate for England and Wales in 1954 was 16 per 100,000.

TABLE IX—DEATHS OF BEDFORDSHIRE RESIDENTS FROM HEART DISEASE IN YEARS 1941-54
SUBDIVIDED ACCORDING TO AGE AND SEX

	MALES						FEMALES						PERSONS					
	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total
1941	—	1	7	85	221	314	—	2	11	62	283	358	—	3	18	147	504	672
1942	—	2	11	92	225	330	—	1	19	76	258	354	—	3	30	168	483	684
1943	—	—	16	88	229	333	—	2	15	60	295	372	—	2	31	148	524	705
1944	1	1	15	85	242	344	—	—	15	70	279	364	1	1	30	155	521	708
1945	—	2	13	87	289	391	—	—	9	57	316	382	—	2	22	144	605	773
1946	—	—	10	92	306	408	—	—	14	51	336	401	—	—	24	143	642	809
1947	—	1	16	82	326	425	—	2	14	57	378	451	—	3	30	149	704	876
1948	—	1	11	91	274	377	—	2	12	55	386	455	—	3	23	146	660	832
1949	—	—	14	101	345	460	—	—	11	70	423	504	—	—	25	171	768	964
1950	—	1	13	127	379	520	1	—	16	55	413	485	1	1	29	182	792	1,005
1951	—	—	17	127	431	575	—	—	10	66	437	513	—	—	27	193	868	1,088
1952	—	—	13	108	424	545	—	—	10	69	389	468	—	—	23	177	813	1,013
1953	—	—	12	107	368	487	—	—	5	51	403	459	—	—	17	158	771	946
1954	—	—	14	137	358	509	—	—	10	47	448	505	—	—	24	184	806	1,014

CANCER

There were 610 deaths attributable to malignant neoplasms in 1954 and a further 12 due to leukaemia or aleukaemia. For the purposes of comparison with previous years, the latter group has been omitted from the figures in table X which shows that the vast majority of cancer deaths occur in the second half of life. As has been pointed out previously, it may be anticipated that as the number of elderly people in the population rises, the total number of individuals falling victims to the disease will increase in the absence of means of prevention. At the same time, it should be remembered that there is a good hope of cure in certain types if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

TABLE X—AGE DISTRIBUTION OF DEATHS OF BEDFORDSHIRE RESIDENTS FROM ALL FORMS OF CANCER IN YEARS 1941 TO 1954, TOGETHER WITH PERCENTAGES OF DEATHS IN CERTAIN AGE GROUPS

	Deaths at Age						Total No. of Deaths	Percentage of deaths occurring at ages	
	0—	1—	5—	15—	45—	65—		Under 45	65 and over
1941	—	1	—	32	171	264	468	7.1	56.4
1942	—	1	3	28	178	250	460	7.0	54.3
1943	—	1	—	34	200	271	506	6.9	53.6
1944	—	1	3	35	208	283	530	7.4	53.4
1945	—	2	1	35	192	168	498	7.6	53.8
1946	—	—	1	35	152	285	473	7.6	60.2
1947	—	1	3	37	159	265	465	8.8	57.0
1948	—	—	—	41	188	300	529	7.8	56.7
1949	—	2	2	31	189	283	507	6.9	55.8
1950	1	2	—	26	207	296	532	5.5	55.6
1951	—	1	2	44	212	288	547	8.6	52.7
1952	—	2	—	40	230	316	588	7.1	53.7
1953	—	1	2	38	183	290	514	8.0	56.4
1954	1	—	4	41	226	338	610	7.5	55.4

In Bedfordshire, the number of deaths from lung cancer rose from 79 in 1953 to 113 in 1954, an increase of nearly 50 per cent. It must be pointed out, however, that the 1953 figure was lower than that for the preceding three years. The sex-age distribution of these deaths and of cancers of all other sites including leukæmia and aleukæmia is shown in Table XI. The number of male deaths attributed to cancer of the lung or bronchus was 24.6 per cent of all male cancer deaths in 1950 and 30.8 per cent in 1954. Taking the age-group 45-64, 45.1 per cent of all cancers in males in 1950 were lung cancers, compared with 41.9 per cent in 1954. In every case the rural areas show distinctly lower percentages than the urban areas.

TABLE XI—SEX-AGE DISTRIBUTION OF LUNG AND OTHER CANCERS IN BEDFORDSHIRE, 1950-54

	MALES								FEMALES							
	0—	5—	15—	25—	45—	65—	75—	Total	0—	5—	15—	25—	45—	65—	75—	Total
LUNG, BRONCHUS																
1950	—	—	—	2	51	14	4	71	—	—	—	—	4	8	2	14
1951	—	—	1	4	52	21	6	84	—	—	—	2	6	3	5	16
1952	—	—	—	5	59	27	10	101	—	—	—	—	6	4	—	10
1953	—	—	—	3	43	17	7	70	—	—	—	2	4	3	—	9
1954	—	—	—	5	49	34	10	98	—	—	—	1	8	5	1	15
ALL OTHER SITES																
1950	4	—	1	11	62	75	65	218	2	—	1	15	93	69	65	245
1951	2	1	1	14	74	64	58	214	3	3	2	24	82	73	63	250
1952	4	—	1	19	65	62	73	224	1	—	—	19	102	54	90	266
1953	1	1	2	12	63	71	65	215	3	2	2	24	74	54	79	238
1954	1	2	1	16	68	58	74	220	—	3	4	18	106	72	86	289

MATERNAL MORTALITY

Three maternal deaths occurred in 1954, giving a maternal mortality rate per 1,000 total (live and still) births of 0.60. The corresponding rate for England and Wales was 0.69. The causes of death were : (a) puerperal psychosis ; (b) ruptured ectopic pregnancy ; and (c) pulmonary embolus. It is difficult to see how these deaths could have been avoided.

INFANT MORTALITY

130 infants under one year of age died during 1954, 87 of them during the first month of life. The distribution of infant deaths between the County Districts is shown in Table I on page 10. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table II on page 11 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past eleven years. The rate of 26.5 for the County was 2.0 higher than in 1953 and 2.4 higher than the rate for 1952 which was the lowest ever recorded. The causes and sex distribution of the infant deaths registered in 1954 are set out in Table XII. Prematurity is included in "Other Defined Causes".

TABLE XII—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1954,
SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Whooping Cough	—	1	—	—	—	1
Meningococcal Infections ...	1	1	—	—	1	1
Bronchitis	2	—	—	—	2	—
Pneumonia	7	6	4	5	11	11
Nephritis and Nephrosis ...	—	—	—	1	—	1
Cancer	—	—	1	—	1	—
Gastritis, Enteritis and Diarrhoea	2	3	1	2	3	5
Congenital Malformations ...	7	8	4	3	11	11
Accidents*	1	1	—	—	1	1
Other Defined Causes ...	30	19	9	11	39	30
TOTALS	50	39	19	22	69	61

* Other than motor vehicle accidents.

CENSUS, 1951

The basic function of the census was to count the number of living persons in the country at midnight on the 8th/9th April, 1951. Thus the census populations of the County districts, which are given in Table XIII, together with those for the previous census, exclude residents who were away from home on that night and include visitors who spent the night in the area. The figures for 1931 are also given in the Table, but it should be noted that alterations of boundaries in the intercensal period resulted in a net gain of 5,030 persons to the Boroughs and Urban Districts (Bedford and Luton Boroughs in particular) at the expense of the Rural Districts. The populations of the rural parishes are set out at the end of this section.

TABLE XIII—CENSUS POPULATIONS OF COUNTY DISTRICTS 1931 AND 1951

	1931			1951		
	Males	Females	Persons	Males	Females	Persons
Administrative County ...	106,449	114,076	220,525	155,436	156,501	311,937
Aggregate of M.Bs. and U.Ds. ...	69,401	77,254	146,655	102,848	109,358	212,206
Ampthill ...	1,018	1,150	2,168	1,364	1,509	2,873
Bedford M.B. ...	19,371	23,235	42,606	25,071	28,004	53,075
Biggleswade ...	2,862	2,982	5,844	3,662	3,769	7,431
Dunstable M.B. ...	4,661	5,148	9,809	8,222	8,887	17,109
Kempston ...	2,783	2,705	5,488	4,324	4,321	8,645
Leighton Buzzard ...	3,318	3,788	7,106	4,593	4,432	9,025
Luton M.B. ...	33,807	36,679	70,486	53,823	56,558	110,381
Sandy ...	1,581	1,567	3,148	1,789	1,878	3,667
Aggregate of R.Ds.	37,048	36,822	73,870	52,588	47,143	99,731
Ampthill ...	8,464	9,019	17,483	11,504	11,453	22,957
Bedford ...	11,054	11,150	22,204	16,861	13,852	30,713
Biggleswade ...	10,923	10,031	20,954	14,397	12,030	26,427
Luton ...	6,607	6,622	13,229	9,826	9,808	19,634

The census showed that there were over 91,000 more persons in Bedfordshire in 1951 than in 1931, an increase of 41.5 per cent. Although increases had been recorded in all previous intercensal periods, this figure represents a considerable acceleration of the rate of increase. In fact the percentage increase in the two decades was greater than in any other county of England or Wales with the exception of Hertfordshire, West Sussex and Buckinghamshire. Only 12.0 per cent of the increase can be accounted for by excess of births over deaths, the balance being due to immigration. A further indication of the expansion of the population by immigration is given by the fact that only 52.3 per cent of the enumerated population of Bedfordshire were born in the County.

Table XIV analyses the population of the County by country of birth both for 1931 and 1951 and enables comparison to be made with England and Wales.

TABLE XIV—POPULATIONS OF BEDFORDSHIRE AND ENGLAND AND WALES 1931 AND 1951 BY COUNTRY OF BIRTH

Birthplace	Population enumerated in Bedfordshire		Distribution per 1,000 enumerated in			
	1931	1951	Bedfordshire		England and Wales	
			1931	1951	1931	1951 (a)
England	212,594	281,697	965	901	897	879
Wales	1,653	6,652	7	21	66	64
Scotland	1,875	6,506	9	21	9	13
Northern Ireland	201	1,140	1	4	2	3
Irish Republic	929	3,911	4	13	8	11
Ireland (part not stated)	8	162	—	1	—	—
Isle of Man and Channel Islands	108	162	—	1	1	1
United Kingdom, Islands of the British Seas and the Irish Republic	217,368	300,230	986	962	983	971
Commonwealth Countries and Colonial Territories	1,748	2,262	7	7	6	8
Foreign Countries	773	5,855	4	19	8	15
Total outside United Kingdom, Islands of the British Seas and the Irish Republic	2,521	8,117	11	26	14	23
Birthplace not stated	636	3,590	3	12	3	6
TOTAL	220,525	311,937	1,000	1,000	1,000	1,000

(a) One per cent Sample data

The proportion of the population born outside the United Kingdom, Islands of the British Seas and the Irish Republic was, for Bedfordshire, somewhat higher than the proportion for the country as a whole, the disparity being due to the larger proportion of persons born in foreign countries ; the proportion of persons born in British overseas territories was below the average proportion for England and Wales. The proportions born in Scotland, Northern Ireland or the Irish Republic were for Bedfordshire higher than those of England and Wales.

At census day the proportion of the population of Bedfordshire born outside the United Kingdom, Islands of the British Seas and the Irish Republic was considerably higher than it was in 1931. The proportions born in Scotland, Northern Ireland and the Irish Republic also increased in the 1931-1951 period. Such changes were not peculiar to Bedfordshire, the proportion of persons in England and Wales as a whole born outside the United Kingdom, Islands of the British Seas and the Irish Republic having increased by over 60 per cent.

Excluding visitors to this country, there were 9,333 persons enumerated who were born in foreign countries or at sea, or who did not state their birthplace. Table XV gives details of these people in Bedford and Luton Boroughs and the remainder of the County.

Since 1951, the number of aliens has increased considerably. At the end of January, 1955, the Bedford Licensing Justices were informed by the police that there were 3,120 aliens registered in the north of the County. Of these, 1,263 were Italians and 870 Poles. These figures do not include children under 16 years of age. This influx of foreign nationals has produced a number of social problems, particularly with regard to housing. Many of them find accommodation in Bedford in houses let in lodgings. The Borough Medical Officer of Health and his staff are inspecting these premises and endeavouring to ensure reasonable standards of living and hygiene. One major difficulty is the time lag between the conversion of premises into houses let in lodgings and their discovery by the Authorities.

There is, of course, a large number of children, many of whom cannot speak English, and their entry to school has created problems for the Local Education Authority.

Comparison of the age distribution of the population at the two censuses suggests that the County gained by migration disproportionately large numbers of young and middle-aged adults and their children. Even so, the figures illustrate the "ageing" trend which is common to the whole country. In Bedfordshire 10.5 per cent of persons were aged 65 and over in 1951 compared with 8.8 per cent in 1931. Table XVI gives the sex age distribution of the population in the various districts in 1951,

TABLE XV—NATIONALITIES OF RESIDENTS BORN IN FOREIGN COUNTRIES, AT SEA OR NOT STATED BIRTHPLACE, 1951 CENSUS

Nationality	Enumerated in											
	Bedfordshire A.C.			Bedford M.B.			Luton M.B.			County Remainder		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
British by birth or descent	567	588	1,155	132	153	285	173	155	328	262	280	542
British by naturalisation, registration or marriage	273	644	917	45	149	194	134	249	383	94	246	340
Stateless ...	17	7	24	1	—	1	9	5	14	7	2	9
Aliens ...	3,515	810	4,325	655	209	864	463	166	629	2,397	435	2,832
Not stated nationality ...	1,511	1,401	2,912	86	99	185	203	208	411	1,222	1,094	2,316
TOTAL ...	5,883	3,450	9,333	919	610	1,529	982	783	1,765	3,982	2,057	6,039

TABLE XVI—SEX AGE DISTRIBUTION OF POPULATION OF COUNTY DISTRICTS AT CENSUS, 1951

AREA	MALES										All Ages
	0—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75—84	85 +	
Administrative County	13,148	21,896	22,239	23,528	25,909	20,903	14,120	9,325	3,839	509	155,436
Aggregate of M.Bs. and U.Ds.	9,123	15,211	11,944	15,719	18,067	14,328	9,739	6,050	2,386	281	102,848
Amphill U.D. ...	120	191	137	187	222	195	122	120	58	12	1,364
Bedford M.B. ...	2,170	3,602	2,886	4,105	4,073	3,290	2,556	1,614	691	84	25,071
Biggleswade U.D. ...	342	532	422	546	598	512	342	239	109	20	3,662
Dunstable M.B. ...	718	1,220	937	1,221	1,433	1,200	806	472	194	21	8,222
Kempston U.D. ...	342	640	644	571	794	572	376	261	115	9	4,324
Leighton Buzzard U.D.	423	590	623	886	732	560	335	299	129	16	4,593
Luton M.B. ...	4,852	8,176	6,089	7,961	9,900	7,748	5,046	2,908	1,026	117	53,823
Sandy U.D. ...	156	260	206	242	315	251	156	137	64	2	1,789
Aggregate of R.Ds.	4,045	6,685	10,295	7,809	7,842	6,575	4,381	3,275	1,453	228	52,588
Amphill R.D. ...	1,049	1,595	1,375	1,858	1,816	1,585	1,047	792	332	55	11,504
Bedford R.D. ...	1,171	1,998	3,807	2,457	2,476	1,964	1,387	1,026	494	81	16,861
Biggleswade R.D. ...	946	1,624	3,980	2,011	1,850	1,646	1,077	849	368	46	14,397
Luton R.D. ...	879	1,468	1,133	1,483	1,700	1,380	870	608	259	46	9,826

AREA	FEMALES										
	0—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75—84	85 +	All Ages
Administrative County	12,628	20,356	19,415	22,676	24,658	21,162	16,606	12,280	5,647	1,073	156,501
Aggregate of M.Bs. and U.Ds.	8,640	14,318	13,495	15,882	17,524	14,924	11,611	8,447	3,807	710	109,358
Amphill U.D.	122	186	175	215	208	208	172	133	72	18	1,509
Bedford M.B.	2,031	3,392	3,322	4,189	4,064	3,791	3,234	2,508	1,225	248	28,004
Biggleswade U.D.	301	504	484	564	538	515	396	286	146	35	3,769
Dunstable M.B.	714	1,183	1,096	1,283	1,418	1,255	921	653	314	50	8,887
Kempston U.D.	334	598	473	606	762	591	457	309	160	31	4,321
Leighton Buzzard U.D.	400	569	563	713	640	525	443	388	159	32	4,432
Luton M.B.	4,592	7,625	7,144	8,062	9,586	7,804	5,794	4,026	1,640	285	56,558
Sandy U.D.	146	261	238	250	308	235	194	144	91	11	1,878
Aggregate of R.Ds.	3,988	6,038	5,920	6,791	7,134	6,238	4,995	3,833	1,840	363	47,143
Amphill R.D.	1,052	1,435	1,368	1,709	1,658	1,522	1,229	939	458	83	11,453
Bedford R.D.	1,135	1,769	1,714	1,850	2,121	1,838	1,526	1,172	587	140	13,852
Biggleswade R.D.	946	1,457	1,616	1,786	1,795	1,606	1,271	988	486	79	12,030
Luton R.D.	855	1,377	1,222	1,449	1,560	1,272	969	734	309	61	9,808

PARISH POPULATIONS, 1951 CENSUS

Ampthill R.D.

Aspley Guise	...	...	1,533	Lidlington	...	...	833
Aspley Heath	...	...	460	Marston Moretaine	...	...	1,836
Battlesden	...	...	71	Maulden	...	...	1,521
Clophill	...	...	844	Millbrook	...	...	146
Cranfield	...	...	2,160	Milton Bryan	...	...	158
Eversholt	...	...	441	Potsgrove...	...	...	85
Flitton	...	...	583	Pulloxhill	...	...	403
Flitwick	...	...	2,511	Ridgmont	...	...	983
Gravenhurst	...	...	387	Shillington	...	...	2,278
Harlington	...	...	620	Silsoe	...	...	726
Haynes	...	...	796	Steppingley	...	...	221
Higham Gobion	...	...	27	Tingrith	...	...	132
Houghton Conquest	...	...	1,000	Westoning	...	...	788
Hulcote and Salford	...	...	233	Woburn	...	...	864
Husborne Crawley	...	...	317				

Bedford R.D.

Biddenham	...	...	503	Oakley	...	...	478
Bletsoe	...	...	265	Odell	...	...	235
Bolnhurst and Keysoe	...	...	588	Pavenham	...	...	380
Bromham	...	...	1,220	Pertenhall	...	...	185
Cardington	...	...	333	Podington	...	...	737
Carlton and Chellington	...	...	517	Ravensden	...	...	429
Clapham	...	...	2,203	Renhold	...	...	571
Colmworth	...	...	271	Riseley	...	...	525
Cople	...	...	479	Roxton	...	...	607
Dean and Shelton	...	...	333	Sharnbrook	...	...	765
Eastcotts	...	...	3,675	Stagsden	...	...	368
Eaton Socon	...	...	3,032	Stevington	...	...	409
Elstow	...	...	417	Stewartby	...	...	1,638
Felmersham	...	...	362	Swineshead	...	...	115
Great Barford	...	...	760	Thurleigh	...	...	460
Harrold	...	...	1,019	Turvey	...	...	733
Kempston Rural...	...	...	1,171	Wilden	...	...	334
Knotting and Souldrop	...	...	281	Willington	...	...	475
Little Barford	...	...	88	Wilshamstead	...	...	880
Little Staughton	...	...	218	Wootton	...	...	1,330
Melchbourne and Yelden	...	...	292	Wymington	...	...	652
Milton Ernest	...	...	380				

Biggleswade R.D.

Arlesey	2,962	Meppershall	657
Astwick	39	Moggerhanger	618
Blunham	598	Northill	1,298
Campton	381	Old Warden	343
Chicksands	687	Potton	2,042
Clifton	1,161	Shefford	1,873
Cockayne Hatley	116	Southill	1,078
Dunton	450	Stotfold	5,153
Edworth	66	Sutton	271
Everton	279	Tempsford	481
Eyeworth	93	Upper Stondon	62
Henlow	4,186	Wrestlingworth	391
Langford	1,142		

Luton R.D.

Barton-in-the-Clay	1,125	Kensworth	817
Billington	287	Stanbridge	416
Caddington	2,296	Streatley with Sharpenhoe	1,621
Chalgrave	364	Studham	591
Eaton Bray	1,165	Sundon	2,357
Eggington	228	Tilsworth	227
Heath and Reach	816	Toddington	2,275
Hockliffe	477	Totternhoe	884
Houghton Regis	2,826	Whipsnade	251
Hyde	611		

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

Administration

The County Council as Local Health Authority established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. The Health Committee in turn established the following Sub-Committees, all of which have a majority of members of the Local Health Authority or Local Sanitary Authorities :—

- (a) A General Purposes Sub-Committee to deal with the development of the services and matters of administration.
- (b) An Ambulance Sub-Committee.
- (c) A Mental Health Sub-Committee.
- (d) Four Divisional Committees. These cover the whole County, and to them is referred the day-to-day management of the following services :—

The care of mothers and young children, health visiting, home nursing, domiciliary midwifery, domestic help, vaccination and immunisation. (The prevention of illness, care and after-care section of the Act, is to some extent, administered centrally at present.)

The Divisional Committees are :—

Eastern Division	Comprising Biggleswade Urban and Rural Districts; Sandy Urban District.
Northern Division	Comprising Bedford Borough; Ampthill and Kempston Urban Districts; Ampthill and Bedford Rural Districts.
Southern Division	Comprising Dunstable Borough; Leighton Buzzard Urban District; Luton Rural District.
Luton Division	Comprising Luton Borough.

Each Divisional Committee has a medical adviser. In all cases he is a Medical Officer of Health of one or more County Districts, but in his capacity as medical adviser to his Divisional Committee he has the status of Senior Assistant County Medical Officer and is on the staff of the County Medical Officer. General supervision of the Maternity and Child Welfare services is exercised by the Senior Assistant County Medical Officer for Maternity and Child Welfare, and the nursing services are supervised by the Chief Nursing Officer, both officers being on Headquarters staff. There is also in Luton a Superintendent Health Visitor. A full list of the Authority's senior Public Health Officers is given on pages 5 and 6.

The services provided by the County Council under the National Assistance Act, 1948, are administered by the Welfare Committee.

SECTION 21—HEALTH CENTRE

With regard to the proposed Health Centre at Farley Hill, Luton, notwithstanding a number of difficulties, much progress has been made. The Centre, when erected, will provide accommodation and facilities for general medical practitioners, and will also have services provided by the Local Health Authority and the Local Education Authority.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Work

At the end of the year 13 ante-natal clinics were functioning. Eight of these clinics are held in premises rented for the purpose. Table XVII shows details of the work done during 1954.

There are no specialist clinics held in Local Health Authority premises. The clinics are conducted by experienced medical officers, however, who see to it that a specialist opinion is obtained wherever it appears to be necessary. Some assistance is given to general medical practitioners who undertake ante-natal work on their own premises, but there are no formal arrangements. Where assistance is given, the domiciliary midwife usually takes two or three expectant mothers to the doctor's surgery at the time appointed for the examinations. The scheme under which general practitioners carry out ante-natal and post-natal examinations on behalf of the Local Health Authority continues in operation, but little use is now made of it.

If a mother attending an ante-natal clinic has not previously had a blood examination, blood is taken and sent to a laboratory for Group, Rhesus, Kahn and Wasserman examinations. If a previous blood examination has been made, the report is obtained, and no other examination is made unless there is some indication for one.

With regard to unmarried expectant and nursing mothers, the routine maternity facilities are available and are used, but, where it is necessary to do so, special arrangements are made for their care through voluntary Moral Welfare organisations. In Bedford itself the Bedford and County Girls' Home, with 23 places, is available, and use is also made of similar homes outside Bedfordshire.

In Luton, mothercraft training is undertaken by midwives. Elsewhere in the County it is given in the main by the health visitors at the ante-natal clinics, special mothercraft classes being held in some cases. Birth relaxation classes are held in Dunstable, Leighton Buzzard and Luton.

Maternity outfits are supplied free in all domiciliary cases.

Post-Natal Work

Separate post-natal clinics are not held, but mothers are encouraged to attend the ante-natal clinics after their confinements in order that a post-natal examination may be made. In all, 207 women attended during the year. Although arrangements still exist whereby women in outlying areas can be examined post-natally by general practitioners on behalf of the Local Health Authority, only four such examinations were made during 1954.

TABLE XVII—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1951

Clinic	Medical Officers' Sessions	Midwives' Sessions*	Total number of women who attended during the year	Number of new cases seen during year	Total number of attendances
AMPTHILL— The Cedars	27	—	94	66	476
BEDFORD— 29, Barford Avenue ...	24	—	22	15	46
BIGGLESWADE— The Lawns, The Baulk	25	—	63	52	360
DUNSTABLE— Health Centre, Kingsway... ..	77	—	254	178	1,464
HOUGHTON REGIS— Baptist Schoolroom ...	26	—	44	30	235
LEIGHTON BUZZARD— 1, Grovebury Road ...	26	—	84	68	373
†LUTON— Dallow Road	52	158	421	335	1,696
Farley Hill	—	25	166	117	554
Stopsley	—	52	166	127	499
SHEFFORD— Digswell House ...	25	—	22	13	90
SHILLINGTON— Congregational Schoolroom	26	—	3	3	16
STOTFOLD— Unionist Club ...	23	—	18	17	86
SUNDON— Skefco Sports Pavilion	26	—	29	23	133
TOTALS ...	357	235	1,386	1,044	6,028

* No Medical Officer in attendance.

† The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

TABLE XVIII—DETAILS OF WORK DONE AT INFANT WELFARE CENTRES DURING 1954

Centre	No. of Ses- sions per month	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1954	1953	1952-49		0-	1-	2-4	
Ampthill	4	49	68	97	214	1,371	385	415	2,171
Arlesey	2	48	39	29	116	728	212	176	1,116
Aspley Guise	2	24	18	36	78	325	133	346	804
Barton	2	26	26	52	104	428	172	225	825
Bedford—									
Barford Avenue...	8	174	128	99	401	3,062	510	402	3,974
Brereton Road ...	8	242	197	141	580	4,338	920	552	5,810
Goldington	4	87	46	60	193	1,269	225	221	1,715
Queen's Park	4	53	40	73	166	1,112	305	355	1,772
Biggleswade	4	87	57	48	192	1,574	404	444	2,422
Blunham	1	10	11	22	43	92	76	123	291
Bromham	2	19	16	16	51	222	176	108	506
Caddington... ..	2	22	24	27	73	296	186	111	593
Clapham	4	55	57	65	177	1,035	262	315	1,612
Cranfield	2	39	42	70	151	663	217	295	1,175
Dunstable	12	256	238	282	776	5,210	1,383	1,114	7,707
Eaton Bray	2	30	35	84	149	510	216	335	1,061
Eaton Socon	2	19	18	31	68	252	98	120	470
Elstow	4	75	57	53	185	1,346	242	105	1,693
Flitwick	4	46	39	71	156	840	253	361	1,454
Great Barford	1	9	6	24	39	65	38	50	153
Harrold	1	16	15	36	67	208	81	205	494
Haynes	2	7	7	21	35	137	96	177	410
Heath and Reach ...	2	19	16	24	59	282	124	158	564
Henlow	4	47	36	15	98	888	177	264	1,329
Houghton Conquest	1	8	13	31	52	79	80	120	279
Houghton Regis ...	4	47	43	82	172	1,133	406	577	2,116
Kempston	8	98	121	173	392	2,665	802	971	4,438
Kensworth									
(Opened 3.5.54)	2	10	12	42	64	143	88	185	416
Langford	2	22	18	42	82	356	204	193	753
Leighton Buzzard ...	6	120	107	178	405	2,368	602	557	3,527
Luton—									
Beechwood	8	172	143	97	412	3,556	531	151	4,238
Castle Street	4	128	88	79	295	2,547	435	121	3,103
Dallow Road	4	178	129	75	382	3,110	383	116	3,609
Farley Hill	4	136	141	119	396	2,840	325	146	3,311
Leagrave, High Street	4	72	56	55	183	1,252	155	87	1,494
Leagrave, Marsh Road	4	101	82	68	251	1,933	415	138	2,486
Limbury	8	141	145	113	399	3,254	658	216	4,128
Park Street	4	63	59	35	157	1,705	418	63	2,186
Round Green	4	104	107	103	314	2,372	571	153	3,096
St. Anne's	4	64	66	59	189	1,174	209	107	1,490
Stopsley	4	128	114	97	339	2,326	435	183	2,944
Carried forward ...	158	3,051	2,680	2,924	8,655	59,066	13,608	11,061	83,735

Centre	No. of Ses- sions per month	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1954	1953	1952-49		0-	1-	2-4	
<i>Brought forward ...</i>	158	3,051	2,680	2,924	8,655	59,066	13,608	11,061	83,735
Marston Moretaine	2	36	34	60	130	416	139	292	847
Marston Shelton ...	2	12	16	21	49	268	91	104	463
Maulden ...	2	25	22	26	73	279	99	141	519
Potton ...	2	31	29	47	107	382	164	348	894
Ridgmont ...	2	10	9	35	54	127	79	206	412
Riseley ...	1	16	13	15	44	87	57	49	193
Sandy ...	2	49	43	41	133	793	257	291	1,341
Sharnbrook...	2	13	32	39	84	263	151	259	673
Shefford ...	4	70	77	95	242	1,747	802	918	3,467
Shillington ...	2	29	37	64	130	415	263	294	972
Shortstown ...	2	34	40	56	130	555	210	197	962
Slip End ...	2	17	21	16	54	262	167	121	550
Stewartby ...	2	11	17	30	58	288	164	128	580
Stotfold ...	2	61	82	29	172	720	416	330	1,466
Streatley ...	2	23	17	30	70	275	138	163	576
Studham ...	2	15	28	48	91	329	157	214	700
Sundon ...	4	56	34	89	179	978	404	370	1,752
Tempsford ...	1	11	10	15	36	96	36	54	186
Toddington ...	4	28	46	83	157	838	387	331	1,556
Turvey ...	1	12	8	23	43	112	46	106	264
Westoning ...	2	24	9	44	77	219	97	261	577
Wilstead ...	1	18	5	21	44	110	60	81	251
Woburn ...	2	7	16	47	70	147	222	316	685
Wootton ...	2	18	15	33	66	267	103	135	505
Wrestlingworth ...	1	5	9	15	29	48	51	58	157
Wyboston ...	1	14	4	29	47	127	88	135	350
Wymington ...	1	12	11	13	36	95	53	28	176
TOTALS ...	211	3,708	3,364	3,988	11,060	69,309	18,509	16,991	104,809

TABLE XIX—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1954, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME										Grand Total
	Nursed entirely at Home or in Nursing Home					Transferred to Hospital					
	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 4lb. 6oz. to 5lb. 8oz.	TOTAL	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 4lb. 6oz. to 5lb. 8oz.	TOTAL	
Died in first 24 hours ...	6	2	—	—	1	3	3	—	—	3	22
Died on 2nd day to 28th day	9	—	1	2	3	6	—	1	—	3	25
Survived 28 days ...	89	—	10	13	55	78	1	4	—	11	248
TOTAL ...	104	2	11	15	59	87	4	6	—	17	295

Child Welfare

One infant welfare centre was opened during the year, making a total of 68 in operation at the 31st December, 1954. Most of the clinics are held in premises rented for the purpose. At most sessions a doctor and a nurse are in attendance, but at a few a nurse only is present. Details of the attendances at each clinic are given in Table XVIII. There are no consultant or other special clinics provided by the Local Health Authority for young children, but appropriate steps are taken to see that whatever treatment is required is obtained. Thus, some children are referred to hospital, while for others use is made of the school clinic facilities for speech therapy, child guidance, etc. No assistance is given to general practitioners holding clinics on their own premises.

Under the Nurseries and Child-Minders Regulation Act, 1948, one nursery providing for 25 children and seven daily minders looking after 48 children were registered at the end of the year. At no time during the year were there any daily minders receiving fees from the Authority under Section 22 of the National Health Service Act.

Care of Premature Infants

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Table XIX shows that the number of premature live births notified in the County during the year (as adjusted by transferred notifications) was 295 and that of these 22 died within 28 days of birth. 54 premature stillbirths were notified.

Cots, together with plastic covers adapted for the administration of oxygen and all the necessary equipment, are available when required. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care *en route* and the equipment necessary for such a journey has been provided.

Welfare Foods

When the local offices of the Ministry of Food were closed at the end of June, 1954, the County Council took over the local distribution of welfare foods as required by the Ministry of Health. The foods concerned were National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D Tablets. The Authority's Scheme under Section 22 of the Act was modified accordingly.

There were 114 distribution centres in the County at the time of transfer of responsibility, seven being major and 107 minor centres. It was found necessary to continue the same number. The 107 minor centres, which were located at Infant Welfare Centres, Village Halls, etc. continued as before, being mainly manned by volunteers. Seven major centres continued to be provided, but problems of accommodation and staffing had to be overcome. A large contribution to the problem of staffing was made by the W.V.S.

The following statement sets out the location and times of opening of the seven major centres.

Ampthill	Thursday	2.30—4.30 p.m.
Bedford	Monday	} 9.30 a.m.—4.0 p.m. —9.0 a.m.—12 noon
				Tuesday	
				Wednesday	
				Friday	
				Saturday	
Biggleswade	Wednesday	} 2.0—5.0 p.m.
				Friday	
Dunstable	Tuesday	} 9.0 a.m.—12.30 p.m. and 2.0—4.30 p.m.
				Wednesday	
				Friday	
Leighton Buzzard	Tuesday	—9.0 a.m.—12.30 p.m. and 2.0—4.0 p.m.
				Friday	—2.0—4.0 p.m.
				Saturday	—9.30 a.m.—12.30p.m.
Luton	Monday	} 9.30 a.m.—4.30 p.m.
				Tuesday	
				Thursday	
				Friday	
				Wednesday	} 9.30 a.m.—12.30p.m.
				Saturday	
Sandy	Wednesday	—2.0—4.30 p.m.

In addition to the “Welfare Foods” already mentioned, Infant Welfare Centres supply a variety of other dried milks and nutrients at cost price. Iron and other tablets are issued free of charge.

Dental Care

Dental care of expectant and nursing mothers and of children under five is provided in conjunction with the School Health Service. There are six clinics, all of which are well equipped. X-ray units are installed at Bedford (St. Peter’s Street), Biggleswade and Dunstable. The last-mentioned also serves the Leighton Buzzard clinic. Dentures are processed by a private dental laboratory on behalf of the Local Health Authority.

TABLE XX—DETAILS OF WORK DONE AT DENTAL CLINICS DURING 1954
(a) Numbers provided with Dental Care

					Examined	Needing Treatment	Treated
BEDFORD—							
Mothers	...	...	...	...	6	6	6
Infants	...	...	...	...	37	26	26
BIGGLESWADE—							
Mothers	...	...	...	...	17	17	17
Infants	...	...	...	...	25	23	23
DUNSTABLE—							
Mothers	...	...	...	...	112	110	110
Infants	...	...	...	...	171	169	169
LEIGHTON BUZZARD—							
Mothers	...	...	...	...	36	36	36
Infants	...	...	...	...	52	51	51
LUTON—							
Mothers	...	...	...	...	—	—	—
Infants	...	...	...	...	39	38	38
TOTALS : Mothers					171	169	169
Infants					324	307	307

(b) Forms of Dental Treatment provided

					Extrac- tions (teeth)	General Anaes- thetics	Fill- ings	Scalings or scaling and gum treat- ment	Silver nitrate treat- ment	Inlays provided	Crowns provided	Radio- graphs	Dentures provided	
													Com- plete	Partial
BEDFORD—														
Mothers	...	...	...	...	10	3	6	2	—	—	—	—	—	2
Infants	...	...	...	...	17	6	17	3	2	—	—	—	—	—
BIGGLESWADE—														
Mothers	...	...	...	...	79	14	31	14	11	—	—	8	5	1
Infants	...	...	...	...	23	7	1	2	12	—	—	1	—	—
DUNSTABLE—														
Mothers	...	...	...	...	290	104	127	115	—	1	1	6	20	23
Infants	...	...	...	...	197	111	63	13	—	—	—	—	—	—
LEIGHTON BUZZARD—														
Mothers	...	...	...	...	69	23	23	54	—	—	—	—	7	4
Infants	...	...	...	...	69	35	4	13	—	—	—	—	—	—
LUTON—														
Mothers	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Infants	...	...	...	...	45	38	5	2	—	—	—	—	—	—
TOTALS : Mothers					448	144	187	185	11	1	1	14	32	30
Infants					351	197	90	33	14	—	—	1	—	—

Practically all Local Authorities report a shortage of dental surgeons and this County is no exception. It is this shortage which is the main handicap to progress, for excellent facilities for treatment in the way of premises and equipment are available. It is still difficult to give even an emergency service in some areas of the County and in the Bedford area it has not yet been found possible to hold regular M. & C.W. sessions. The clinics at Biggleswade, Leighton Buzzard and Dunstable still function with varying demands for treatment. Details of the work done are given in Table XX. During the year the Hospital Service was used for the treatment of very septic cases.

Other Provisions

(i) As part of the Authority's scheme under Section 28 of the Act, provision is made for convalescent facilities for mothers and young children.

(ii) Also under Section 28 arrangements have been made for new-born babies of tuberculous parents to be segregated in order to receive B.C.G. vaccination.

(iii) To the extent that is necessary, unmarried mothers and their babies are cared for by the St. Albans Diocesan Council for Moral Welfare which undertakes voluntary work in the County. There is an outdoor welfare service covering the whole County and in addition the Diocesan Council provides and maintains two Homes, one in Bedford and one in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services. They also made payments in respect of 22 Bedfordshire cases admitted to homes outside the County during 1954. Of the 70 unmarried mothers admitted to the Bedford Home during 1954, 16 were resident in the County. The average length of stay before confinement was four weeks and after the lying-in period, eight weeks.

Outdoor welfare work is also undertaken in Bedfordshire by the Northampton Diocesan Catholic Child Protection and Welfare Society.

(iv) The arrangements whereby voluntary association workers co-operate with the health visitors in the care of illegitimate children were continued.

(v) There are three clinics in the County where advice on birth control is given to women in whose cases pregnancy or further pregnancy would be detrimental to health. The Clinics are at Bedford, Dunstable and Luton. Details of the patients seen are given in Table XXI.

TABLE XXI—ATTENDANCES AT BIRTH CONTROL CLINICS, 1954

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances
Bedford, Barford Avenue ...	94	211	492
Dunstable	45	137	261
Luton, Beechwood Health Centre	172	646	786
TOTALS ...	311	994	1,539

(vi) Day Nurseries are provided by the County Council in Bedford, Leighton Buzzard and Luton. Details are given in Table XXII. Nursery students are trained at three of the Nurseries, as indicated in the Table.

The Bedford Day Nursery is in requisitioned premises and the unsuitability of the building has long given concern. There are now plans to build a new 40-place nursery to replace it.

TABLE XXII—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1954

Address of Nursery	No. of approved places		No. of Children on the register at the end of the year		Average daily attendance during the year	
	Under 2	Years 2-5	Under 2	Years 2-5	Under 2	Years 2-5
BEDFORD— 34, St. John's Street	25	25	14	23	12	22
LEIGHTON BUZZARD— Bassett Road* ...	10	28	6	20	7	16
LUTON— Alder Crescent* ...	20	30	7	32	4	28
Manor Road ...	16	34	6	44	4	33
Stopsley*	16	24	12	27	5	27

* Training Nursery.

SECTION 23—MIDWIVES SERVICE

In Bedford and Luton Boroughs whole-time midwives are employed, but in the remainder of the County they undertake home nursing as well. In two rural areas the midwives are trained health visitors and carry out comprehensive duties, i.e. midwifery, home nursing, health visiting and school nursing.

At the 31st December, 1954, 14 midwives, 39 nurse-midwives and two health visitor-nurse-midwives were employed by the County Council. All are qualified to administer gas and air analgesia and 53 sets of apparatus were in use at the end of the year. It may be mentioned that the Authority gave consideration to the Medical Research Council's Memorandum No. 30 on "The Use of Trilene by Midwives," but decided that for the present

they would take no action. Non-medical supervision of midwives is carried out by the Chief Nursing Officer and her two deputies. Supervision of domiciliary midwives not employed by the Local Health Authority and of midwives in Nursing Homes is undertaken in accordance with the rules of the Central Midwives' Board. At the end of the year there were eight of the former and eight of the latter practising in the County.

Midwives' ante-natal clinics are held fortnightly in Luton at a central clinic, and there are arrangements for patients to be seen by a medical officer, and if necessary, referred to the consultant obstetrician at the local maternity hospital. In addition, the Luton midwives conduct relaxation exercise classes. No other midwives' clinics are held in the County, ante-natal supervision by the midwife being carried out in the patient's home in accordance with the rules of the Central Midwives' Board. In every case, however, the patient is seen at least once by one of the Authority's medical officers.

Patients who enter hospital on social grounds do so either because they have been found to need such accommodation when, as expectant mothers, they have come under the care of the Local Health Authority, or because they have made direct application for admission to hospital and the hospital authority has then requested the Local Health Authority to investigate the social circumstances and make a recommendation.

Table XXIII gives details of the maternity work carried out in the County during 1954. 176 of the institutional cases came under the care of the domiciliary midwives after discharge. 36.5 per cent of all Bedfordshire births (live and still) in 1954 were domiciliary, while in 1953 and 1952 the percentages were 38.3 and 36.3 respectively.

Of the 1,114 women delivered by the Council's midwives without a doctor being present, 930, or 83.5 per cent, received gas and air analgesia. 555 women out of 728, or 76.2 per cent, were given gas and air when a doctor was present at the delivery. Pethidine was administered by the midwives to 424 women when a doctor was present at the delivery and to 559 when no doctor was present.

TABLE XXIII—NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING 1954, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Domiciliary Cases					Cases in Insti- tutions
	Doctor not booked		Doctor booked		Total	
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by County Council	5	155	723	959	1,842	—
Midwives employed by Hospital Management Committees ...	—	—	—	—	—	1,845
Midwives in Private Practice (includ- ing Nursing Homes)	—	—	5	—	5	303
TOTALS	5	155	728	959	1,847	2,148

SECTION 24—HEALTH VISITING

33 qualified Health Visitors were employed at the 31st December, 1954. Three were doing full-time health visiting, 27 combined health visiting with school nursing and two were combining health visiting with midwifery, home nursing and school nursing. There was one part-time appointment. In addition, in Luton it has been found necessary to make some use of nurses not trained as Health Visitors. Gradually, the scope of the Health Visitor's duties is being extended, but their numbers at present are insufficient to enable them to play their full part. The Health Visitors are accepted as friends and advisers by the vast majority of the people with whom they come into contact. Because of this they are a potent force in health education and in preventing the break-up of families. Classes in preparation for motherhood are held at some of the clinics.

At the present time it would not be wrong to regard Health Visitors as individuals who are well qualified to carry out work of a medico-social nature in the homes of the people, and who are in a very good position to assist general medical practitioners in such work. The essence of the matter is that general practitioners and health visitors should get to know each other and work together just as general practitioners and district nurses do, and steps have been taken to promote this.

More than 18,000 families were visited during the year and over 23,000 children were seen in their homes. Further particulars of the visits paid by the Council's Health Visitors during the year are given below :—

	<i>First Visits</i>	<i>Total Visits</i>
Expectant mothers	890	1,312
Children under 1 year	4,737	27,445
Children between 1 and 2		14,023
Children between 2 and 5		29,842
Other cases		2,978

The total number of attendances made by Health Visitors at clinic sessions during the year was 4,569.

SECTION 25—HOME NURSING

The County Council make direct provision of a Home Nursing service. In addition to the 39 nurse-midwives and the two health visitor-nurse-midwives already mentioned, 27 full-time nurses were employed at the 31st December, 1954, five of them being male nurses. There was also one part-time home nurse. The number of patients attended by the nurses during the year is shown below, together with the number of visits paid. Of the 7,385 patients attended, 2,805 were 65 years and over.

<i>Type of Case</i>	<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	5,492	117,886
Surgical	1,633	34,158
Infectious Disease	4	34
Tuberculosis	132	3,575
Maternal Complications	68	605
Others	56	306
TOTALS	7,385	156,564

Nurses deal with any emergency to which they may be called but the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose directions they work. Patients on discharge from hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate interchange of information between doctor and nurse. This scheme works well. No night service is provided, but the nurses are available for night calls if required urgently.

SECTION 26—VACCINATION AND IMMUNISATION

Vaccination

Parents are encouraged to have their children vaccinated either by the family doctor or, if more convenient, at an Infant Welfare Centre. The importance of the matter is continually brought before parents by means of posters in Infant Welfare Centres and by Health Visitors. The Divisional Committee in Luton also send out a letter on the subject to every mother when her child is three months old. Table XXIV shows the number of persons vaccinated for the first time during 1954 in each of the Divisions. These figures include cases vaccinated by general practitioners. Although the total is less than for 1953, there was actually a small increase in the number of infants vaccinated. There were 435 people re-vaccinated during the year.

TABLE XXIV—NUMBER OF PERSONS VACCINATED IN EACH DIVISION FOR THE FIRST TIME DURING 1954, SUBDIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	546	136	61	285	1,028
1-4 years ...	79	27	43	99	248
5-14 years ...	23	6	8	63	100
Over 14 years ...	94	32	16	79	221
TOTALS ...	742	201	128	526	1,597

Diphtheria Immunisation

The arrangements for immunisation against diphtheria, which have proved so successful in the past, were continued. As in the case of vaccination, all medical practitioners have been given an opportunity of taking part in this service. Parents wishing to have children under school age immunised may also make application for immunisation to one of the Infant Welfare Centres. A card or letter recommending diphtheria immunisation and with an acceptance form attached is sent to all parents when the children attain the age of nine months. Immunisation of school-children is arranged through the schools.

A first “booster” injection is usually given on the entrance of a child to school, but exceptionally it is given just before entry. A second “booster” injection is given between the eighth and ninth birthday, and the third between the 12th and 13th birthday.

Table XXV shows the number of children treated during 1954 and Table XXVI gives details of the children in the County who are known to have been immunised any time before the 31st December, 1954. Immunisation does not protect indefinitely and that is why “booster” injections are given. If diphtheria is to be kept at bay it is essential that at least 75 per cent of children under 15 years of age should be effectively immunised. This means that they should have received some protection within the last five years. The percentage of the child population thus protected is referred to as the “immunity index.” As will be seen from Table XXVI, the immunity index for the age-group 1–4 years is 73.3. Unfortunately, in the age-group 5–14 years there are nearly 12,000 children in the County whose immunity has not been reinforced by “booster” injections, with the result that the immunity index for this group is only 62.3.

TABLE XXV—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1954, SUBDIVIDED ACCORDING TO AGE AT DATE OF FINAL INJECTION, TOGETHER WITH NUMBER OF CHILDREN IN VARIOUS AGE GROUPS WHO RECEIVED “BOOSTER” INJECTIONS

	AGE							Total
	0–	1–	2–	3–	4–	5–9	10–14	
Primary Immunisation	2,075	1,287	222	126	125	543	59	4,437
“Booster” Injections...	—	—	3	6	273	3,852	1,330	5,464

TABLE XXVI—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1954, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.54	Under 1	1–4	5–9	10–14	Total Under 15
Last complete course of injections (whether primary or booster):					
1950–1954	321	13,843	20,908	8,426	43,498
1949 or earlier	—	—	2,692	9,270	11,962
Estimated mid-year child population	4,840	18,860	47,100		70,800
Immunity Index	6.6	73.3	62.3		61.4

Whooping Cough Immunisation

Since the 1st November, 1954, the Authority have provided facilities for protection against whooping cough to children under the age of two years who have not suffered from the disease, and whose parents make a request for such immunisation. The vaccine is given alone or in combination with diphtheria prophylactic.

The following suggestions have been made as to the timing of the several immunising processes :—

- A. If whooping cough vaccine is to be given alone :—
 - (1) Vaccinate against smallpox at 3 to 4 months.
 - (2) Immunisation against whooping cough to start after an interval of at least one month with 1 c.c. subcutaneously, followed at monthly intervals by two more.
 - (3) Immunise against diphtheria by the Ministry of Health prophylactic at the 7th, 8th or 9th month.
- B. If the combined Suspended Diphtheria Pertussis Prophylactic is to be used :—
 - (1) Vaccinate against smallpox at 3 to 4 months.
 - (2) Give the first subcutaneous injection of the combined antigens just before the age of six months and repeat twice at monthly intervals.

SECTION 27—AMBULANCE SERVICE

The Ambulance Service covers completely the whole of the Administrative County with the exception of a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas, agency agreements are in existence with the Buckinghamshire County Council and the Rushden and District Motor Ambulance Association respectively. The Authority's Service receives a considerable reinforcement from the Hospital Car Service and from the attendance of voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society at the Depots. During the year, the Hospital Car Service did 137,014 miles in carrying out 2,211 journeys for the Authority. Car Hire Services were employed to convey patients to and from the Chest Clinic in Bedford, and 23,819 miles were travelled on 643 journeys.

At the 31st December, 1954, the total ambulance personnel directly employed numbered 71. It comprised one Superintendent, one Maintenance Officer, five Station Officers, two Deputy Station Officers, and 62 Driver-Attendants.

Table XXVII sets out the work done by the five Ambulance Depots during 1954. The total mileage shown includes 10,741 miles travelled on behalf of other authorities. In addition to the mileage covered by the Council's vehicles, the following mileages were recorded by other Ambulance Services acting on the Council's behalf :—

Buckinghamshire County Council...	...	...	37,525 miles
Rushden & District Motor Ambulance Association			4,308 „
Other Authorities	...	...	12,751 „

TABLE XXVII—DETAILS OF WORK DONE BY THE COUNTY
AMBULANCE DEPOTS, 1954

Depot	Class of Vehicle	County Journeys	Out of County Journeys	Total No. of Journeys	Total Number of Miles Travelled
Bedford	Ambulances ...	2,738	334	3,072	112,986
	Sitting-case Cars	1,526	167	1,693	75,551
					188,537
Biggleswade	Ambulances ...	970	485	1,455	51,429
	Sitting-case Cars	835	537	1,372	52,858
					104,287
Ampthill ...	Ambulances ...	1,184	156	1,340	51,336
	Sitting-case Cars	1,149	145	1,294	54,003
					105,339
Dunstable...	Ambulances ...	1,691	148	1,839	54,408
	Sitting-case Cars	681	74	755	21,981
					76,389
Luton ...	Ambulances ...	6,820	306	7,126	82,851
	Sitting-case Cars	607	317	924	42,118
					124,969
Totals ...		18,201	2,669	20,870	599,521

Table XXVIII shows the total mileages for the years 1951–1954 inclusive. In the introduction to the Report for 1952, it was observed that the downward trend in the annual mileage might soon be reversed owing to the greatly increased use of ancillary medical services. This, in fact, seems to be happening. In 1953 approximately 18,000 more miles were travelled than in 1952 and in 1954, 10,000 more than in 1953. Even so, the figure is still well below that for 1949 and 1950.

TABLE XXVIII—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE
FOR BEDFORDSHIRE, 1951–54

Work done by	1951	1952	1953	1954
County Council Depots* ...	568,179	583,556	584,857	588,780
Hospital Car Service ...	161,387	105,990	121,948	137,014
Car Hire Service ...	24,722	30,943	33,920	23,819
Bucks. C.C. (Linslade Depot) ...	35,628	35,523	37,528	37,525
Rushden Ambulance ...	5,005	6,363	4,227	4,308
Other Authorities ...	9,440	13,530	11,363	12,751
TOTALS ...	804,361	775,905	793,843	804,197

* Excluding mileage travelled on behalf of other Authorities.

The year was marked by the completion of a new Ambulance Depot at Kempston. This Depot serves as the main Control Centre for the north of the County. All vehicles at this Depot and also at the Ampthill and Biggleswade Depots are equipped with Radio-Telephony. It may be added that there is a similar system in the south of the County, where the Dunstable Depot is linked with the one in Luton.

It is gratifying to be able to report that progress is being made in planning the new Luton Depot. It seems likely that building will commence this year.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. During 1954, 11 adults and one child were sent away under this scheme.

Tuberculosis

The Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. The Senior Chest Physicians, who work at and from the Chest Clinics, are jointly employed by the Regional Hospital Board and the Local Health Authority. The establishment provides for six full-time Tuberculosis Visitors and two Welfare Officers. Occupational Therapy is available. Beds, bedding, shelters and nursing requisites are available for patients being nursed at home. These patients also receive domestic help if required and 39 patients were so assisted during the year. Extra nourishment was provided for 346 patients. Arrangements are made, where necessary, to provide boarding-out accommodation for the children of infectious persons. The necessity did not arise during the year. In addition, arrangements exist with settlements for the reception of suitable patients. At the end of the year there were six patients in Papworth Village Settlement and two at Preston Hall. When these patients are able to work at least five hours a day the County Council accept financial responsibility for their maintenance.

During the year B.C.G. vaccination increased. The Authority have a scheme whereby new-born babies of tuberculous parents are segregated prior to being vaccinated. Four babies were dealt with in this way during 1954. Altogether, 376 individuals were vaccinated, of whom 338 were contacts and 38 were members of hospital staffs.

Other Types of Illness

For the care and after-care of the non-tuberculous sick, the Authority provide nursing equipment and apparatus required by patients being nursed at home. This is done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, operate 22 Medical Comforts Depots in the County. As with the tuberculous, occupational therapy and domestic help are available.

Occupational Therapy

This service, which started in a small way, grew so much that it was necessary during the year to appoint, in conjunction with the Welfare Committee, a second Occupational Therapist. There is no doubt that the services made available by the Authority are greatly appreciated.

The Occupational Therapists employed by the Authority are concerned mainly with homebound patients. These suffer from a variety of illnesses. Thus at the 31st December, 1954, the 156 patients being attended were in the following categories :—

Long term chronic sickness	...	...	...	35
Tuberculosis...	...	...	...	74
Disorders of the Central Nervous System	...			11
Arthritis	...	...	...	12
Disorders of the Chest	...	...	...	6
Disorders of the Heart	...	...	...	5
Mental Illness and Mental Deficiency	...	...		13

In addition to patients in their own homes, weekly visits are paid to two of the Welfare Committee's homes and instruction in handicrafts is given to 19 residents.

Patients are referred by general medical practitioners, hospitals, clinics, district nurses and health visitors.

Health Education

Health Education was carried on continuously during the year in one form or another. Most of this work is of a routine nature and unspectacular. Thus the health visitors in their everyday work are giving health instruction to the people with whom they come into contact. This is true also of the nurses and midwives.

In Luton, health education is undertaken by the Borough Health Committee, but the Local Health Authority contribute 50 per cent of the expenditure incurred. Outside Luton, the County Health Education Officer continued his activities with Women's Organisations, Parent Teacher Associations, Youth Clubs and similar groups. The acquisition of a rear-projection unit for showing films in daylight widened the scope of the work considerably and made it possible to stage film shows in Infant Welfare Centres without disrupting the normal routine.

Particular attention was again paid to the prevention of home accidents. With the co-operation of the Director of Education, all head teachers were supplied with notes on the subject so that it could be brought to the attention of senior schoolchildren. In this connection, the Health Education Officer showed films in a number of schools. Home Safety films were also included in most of the shows given to other groups. All the chemists in the County area displayed notices urging people to keep medicines and tablets out of the reach of children and the majority of ironmongers and similar shops displayed posters on the use of fireguards. The local papers printed articles on Home Safety. The Health Education Officer addressed several organisations on the subject and posters were exhibited in all the clinics and welfare food distribution centres.

The Health Visitors continued to impress upon mothers the need to have their children immunised against diphtheria. In the early part of the year the Chairman of the Health Committee held a Press Conference on the subject and all the local newspapers responded in a gratifying way.

In May the services of Dr. W. Emrys Davies, Education Officer of the Central Council for Health Education, were again enlisted and he gave two addresses—one to teachers from Bedford and the surrounding districts and the other to over 200 students from the two teachers' training colleges in Bedford.

During the year several talks were given to various organisations by the Health Education Officer and other members of the staff. Film shows given by the former totalled 78.

In addition to the foregoing, the Senior Mental Health Worker has given talks on the prevention of mental illness. The questions put to him after these addresses point to the existence of an eager desire for information on the subject, but they also reveal depths of ignorance and almost superstitious fear which remain to be eradicated. He also lectured to Student Mental Nurses on the Authority's Mental Health Services in general, and the legal aspects in particular.

SECTION 29—DOMESTIC HELP SERVICE

Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given, while in others one or two hours a day are all that is necessary. The Local Health Authority have fixed the total number of hours of assistance to be given during a year and, so far, this has proved to be adequate. At the end of the year 40 full-time and 157 part-time Home Helps were employed, under the supervision of three Organisers.

The number of cases where domestic help was provided during the year was:—

Maternity ...	...	...	...	...	...	358
Tuberculosis	...	...	...	...	...	39
Chronic sick (including aged and infirm)	...	...	...	...	...	766
Others	...	...	...	...	...	532
Total ...						1,695

SECTION 51—MENTAL HEALTH SERVICE

Administration

A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's mental health and mental deficiency services. There are 17 members, of whom 15 are members of the County Council and two are individuals with special knowledge of and interest in mental health. The Sub-Committee includes in its number persons who are members of the Hospital Management Committees, the Local Executive Council, and the Local Medical Committee.

Meetings are held quarterly, and more frequently if necessary. Sub-Committees are appointed from time to time to deal with special matters, such as staffing appointments and the inspection of proposed new premises, and these sub-committees meet as required. In addition, the two Occupation Centres are visited monthly by two members of the Sub-Committee.

The staff consists of :—

The County Medical Officer of Health.

The Deputy County Medical Officer of Health.

1 Senior Mental Health Worker—male—who is a qualified Psychiatric Social Worker.

5 Mental Health Workers—all male—one of whom is in training and works under the supervision and guidance of experienced Mental Health Workers.

2 Occupation Centre Supervisors (trained).

2 Assistant Occupation Centre Supervisors (1 trained, 1 untrained).

1 Home Teacher for defectives.

2 Cooks (part-time).

2 Caretakers (part-time).

3 Clerical Assistants.

In addition, Assistant Medical Officers take part in the ascertainment of mental defectives.

Co-ordination with the Regional Hospital Board and with Hospital Management Committees is largely achieved by the actual membership of the bodies. Much is done, of course, at officer level, and although there is no joint use of officers in the sense that financial arrangements to that end have been made, there is in practice a considerable amount of such use.

The Authority have not found it necessary or desirable to delegate any of their duties to Voluntary Associations, but use is made of convalescent facilities provided by the Mental After-Care Association, and of holiday homes supervised by the National Association for Mental Health.

It will be remembered that in the Report for 1953 mention was made of the difficulties experienced in recruiting Mental Health Workers. These difficulties continued, and were intensified by the resignation in September, 1954, of Miss S. C. Jones, who had worked mainly in the south of the County. At the same time, a review of the operation of the service since 1948 revealed the greatly increased demands made on it. Thus, the mental health work had increased by more than one-half, and the mental deficiency work by more than one third. The position was serious and the Authority decided to make renewed efforts to recruit staff and to increase the establishment by one mental health worker and one home teacher. Happily, the staffing difficulty has now been resolved, and the staff for the time being at any rate is adequate.

An increasing amount of after-care work on patients discharged from Mental Hospitals is being carried out by the Council's Service. A close liaison and exchange of information is maintained between Hospital and Local Authority.

Supervision of mental hospital patients on trial is not carried out by this Authority's workers except in a few cases, but supervision of defectives on licence is, and reports are made on home circumstances for the information of the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

Mental Illness

Some account has been given elsewhere in the Report of the work done in connection with after-care and the provision of convalescent and holiday home facilities. With regard to the rest, work is mainly with adults, who are referred by General Practitioners, Hospital Almoners, Probation Officers, the Welfare Department and Health Visitors. The Police also call for assistance in a number of cases and relatives make direct application to the Service for help and guidance.

Most individuals referred suffer from inability to earn a living or manage a home, some form of anti-social behaviour, or a senile condition. Often the problems raised are social rather than medical and a simple piece of social work may ease the patient's anxiety and make life tolerable for him. Where the problem is more difficult to resolve, arrangements are made for the patient to see his own doctor or a psychiatrist at one of the Out-Patient Clinics. Children are mostly referred to the Council's Child Guidance Clinics.

Much of the community care work undertaken by the Council's Mental Health Workers is done before the patient goes to Hospital. Indeed, in many cases, it is the intensive work done by the Officers at this time which is responsible for the patient accepting treatment at an early stage, when the prognosis is most favourable. The work done with patients and relatives often brings about a better understanding of the nature of a hospital and the objects of admission and treatment. Certain old fears and erroneous beliefs are still held by some members of the public, but the painstaking and persistent work done by the Officers is doing much to dissipate them.

The patient suffering from senile deterioration continues to present a great problem. Every endeavour is made to avoid certification of such cases. A very close liaison and high level of co-operation is maintained with the Welfare Department and Hospital Almoners in this matter.

Each Mental Health Worker is also a Duly Authorised Officer, but it is only after all other possible steps have been taken that action in the latter capacity is taken. The figures given below show the action taken by the Duly Authorised Officers in respect of cases referred during 1954 :-

		<i>Males</i>	<i>Females</i>
Section 20 or 21 Lunacy Act	...	25	37
Urgency Orders	... ..	14	12
Certification upon Petition	...	—	1
Certification (Summary Reception			
Orders)	... ..	34	49
Temporary	... ..	2	11
Other action	... ..	79	92

In addition, arrangements were made for 161 persons (73 males and 88 females) to be admitted to hospital as voluntary patients. At the 31st December, 1954, 69 cases were being afforded community care.

Mental Deficiency

The majority of mentally defective children who are ascertained are reported to the Local Health Authority by the Local Education Authority under Section 57 of the Education Act, 1944 following examination by one of the School Medical Officers. They are subsequently re-examined by the Deputy County Medical Officer of Health, who reports on the cases to the Mental Health Sub-Committee, making a recommendation as to the category in which the child shall be placed and whether he shall receive supervision, or be placed under guardianship or in an institution. Infants and adult defectives are still, from time to time, brought to the notice of the Local Health Authority by relatives or general practitioners, who ask for some action to be taken. During the year, 42 males and 19 females were reported as mental defectives. Of these, 35 were under sixteen years of age.

At the end of the year there were under formal community care 339 mental defectives, the total being made up as follows :—

				<i>Males</i>	<i>Females</i>
Under Guardianship	...	...		15	17
Under Supervision—					
Statutory	...	...	...	124	70
Voluntary	...	...	...	42	48
On licence	...	...	...	16	7
				<hr/>	<hr/>
			TOTALS	197	142
				<hr/>	<hr/>

25 defectives (17 males and 8 females) were awaiting vacancies in institutions, and of these seven males and five females were urgently in need of accommodation. Of the 32 defectives under guardianship, 20 were in the care of relatives and 12 were under the guardianship of non-relatives.

The Mental Health Workers were also paying friendly visits to 23 males and 27 females who had not at the end of the year been confirmed as defectives, bringing the total of defectives and possible defectives under community care to 389.

Occupation and Training for Defectives

The Authority provide two Occupation Centres. The South Bedfordshire Centre at Dunstable serves the Luton and Dunstable areas, and at the end of the year 28 children were in attendance. The North Bedfordshire Centre at Turvey serves Bedford and the north of the County. At the end of the year there were 18 children in attendance.

The South Bedfordshire Centre, which is housed in leased, adapted premises, is almost at the limit of its capacity (30 children) and the Authority are giving consideration to future needs. The North Bedfordshire Centre is housed in a former Church of England School which is leased to the Council. This lease expires shortly and steps are being taken to provide a new Centre of 30 places at Kempston. It was hoped that this new Centre would be ready for use before the end of 1955, but difficulties have been encountered.

Each Centre is staffed by a qualified Supervisor, an assistant supervisor and a cook. The children are conveyed to the Centres by buses and remain for a midday meal. The usual Centre subjects are taught.

In addition, five of the female defectives who are under the guardianship of nominees of the Guardianship Society, Brighton, attend that Society's Occupation Centres.

There are some mental defectives—about 70 in number—who would benefit by the kind of training an Occupation Centre provides, but who live too far away to make attendance at such Centres possible. For these, the Authority have decided to provide home tuition and a Home Teacher has recently been appointed.

HANDICAPPED PERSONS

Blind Persons

At the 1st January, 1954, there were 629 registered *Blind Persons* in the County. During 1954, 143 new names were added, comprising 130 persons who had resided in the County for some time, and 13 inward transfers. Also during 1954, 85 names were removed from the register. Of these, six were no longer blind, 66 had died, and 13 had left the County. The number on the register at the 31st December, 1954, was, therefore, 687.

Information extracted from Forms B.D.8 is given in Table XXIX, together with the numbers known to have received treatment. Of the 32 persons for whom operation was recommended, two have died, six have received treatment, and twelve who have consented to operation are awaiting beds.

It will be seen from Table XXIX, that no less than 49 of the 130 persons registered suffered from cataract, which is often a manifestation of advancing years, and another 21 from senile macular degeneration. In fact, 97 of the 130 were aged 70 years or over. Tables XXX and XXXI underline the fact that age is an important factor in blindness.

Every care is taken to see that persons who would benefit from treatment receive it. Thus, of the 22 cases of cataract given in Table XXIX for whom treatment was not recommended, eight had previously been operated on. The remaining 14 were for one reason or another unsuitable for operation. Again, of the 10 glaucoma cases, six had been operated on previously,

TABLE XXIX—BLIND PERSONS REGISTERED IN BEDFORDSHIRE DURING 1954

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended ...	22	10	1	9	20	26	88
No. of cases in which treatment recommended :							
(i) Medical ...	—	—	—	4	—	3	7
(ii) Surgical ...	26	2	—	—	—	4	32
(iii) Optical ...	1	—	—	—	1	1	3
No. of cases who received treatment :							
(i) Medical ...	—	—	—	4	—	3	7
(ii) Surgical ...	6	—	—	—	—	1	7
(iii) Optical ...	1	—	—	—	1	1	3

TABLE XXX--AGE DISTRIBUTION OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1954

	0—4	5—15	16—30	31—39	40—49	50—59	60—69	70 +	Total
Males	...	6	17	29	27	52	38	128	300
Females	...	4	11	8	15	39	59	250	387
TOTALS	...	10	28	37	42	91	97	378	687

TABLE XXXI--NUMBER OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1954, SUBDIVIDED ACCORDING TO THE AGE OF ONSET OF BLINDNESS

	0—4	5—15	16—30	31—39	40—49	50—59	60—69	70 +	Unknown	Total
Males	37	5	34	27	29	26	31	86	25	300
Females	31	11	14	14	30	39	59	173	16	387
TOTALS	68	16	48	41	59	65	90	259	41	687

The incidence of blindness in Bedfordshire is almost identical with that for England and Wales as a whole.

With regard to the *Partially Sighted*, the number on the register at the 31st December, 1954, was 57. During the year 24 new cases were added, and five were removed, three patients having died and two having been transferred to the blind Register.

18 cases of *Ophthalmia Neonatorum* were notified during the year. 17 are known to have recovered completely. The remaining child left the district for an unknown address.

Epileptics

It may be stated at the outset that little information is available about the incidence of epilepsy generally amongst *adults* in the County. Such information as there is derives from the Disablement Resettlement Officer Service, from the Mental Health Service of the Local Health Authority, from applications for Driving Licences received by the Local Taxation Department, and from the Welfare Authority. Thus, at the 20th April, 1954, 95 epileptics were registered under the Disabled Persons (Employment) Act, 1944, and at the 31st December, 1954, the Mental Health Service had knowledge of 34 mental defectives who were also epileptic. In addition during the year 16 epileptics were referred for action under the Lunacy and Mental Treatment Acts. Of these, eight showed major personality difficulties or violent or dangerous propensities. All suitable patients are referred to the Disablement Resettlement Officer of the Ministry of Labour. The Welfare Authority at present have five epileptics in their residential homes and maintain a further eight in residential accommodation provided by voluntary organisations. It is to be expected that more information will be available as a result of the register now being compiled under the scheme prepared by the Welfare Authority under Section 29 of the National Assistance Act, 1948, and the efforts now being made to deal with the problem in the manner suggested by Circular 26/53 of the Ministry of Health.

With regard to *children* a fairly reliable picture can be presented. At the end of the year 18 epileptic schoolchildren were ascertained as requiring special educational treatment: 14 were attending boarding special schools; **two** were receiving tuition at home; and two were attending an educationally sub-normal day school. A further 48 children known to suffer from fits of an epileptiform type were attending ordinary schools. Epileptic children are ascertained for special educational purposes as early as possible. However, care is taken not to label a child as an epileptic without first submitting him to a period of observation. Where doubt exists about the diagnosis the diagnostic facilities of the hospital service are utilised. Epileptic children are re-assessed at school-leaving age with particular regard to the severity of the disability and the possibility of employment. At this stage there is close co-operation with the Youth Employment Service and the Welfare Department.

Cerebral Palsy

As in the case of epileptics, little information is available as to the incidence of cerebral palsy in *adults*. One difficulty is that registers of Disabled Persons and Handicapped Persons (General Classes) do not, except in the case of epilepsy, sufficiently distinguish the organic nervous diseases included in Class V. Table XXXII which follows illustrates the point. Some of the 153 individuals, other than epileptics, in Group V are undoubtedly cases of cerebral palsy, but the number is not at present known. It is not expected, however, that it will be large.

TABLE XXXII—PERSONS IN BEDFORDSHIRE REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944, AT THE 20TH APRIL, 1954

Type of Case	North Bedfordshire	South Bedfordshire	Total
All classes	1,742	3,765	5,507
Epileptics	40	55	95
Others in Group V*	57	96	153

* Disseminated sclerosis, cerebral thrombosis, sciatica, etc.

More detailed information about adults will be available in due course, and reasonably reliable information regarding cases of cerebral palsy included in the substantially and permanently handicapped group will be available when registration has been completed by the Welfare Committee.

In the meantime, the facilities, including Occupational Therapy, provided by the Local Health Authority are available and are being used. At the present time 11 patients with organic nervous disease are receiving instruction from the Occupational Therapists who are equally available for Health Committee and Welfare Committee work.

Much more information is available regarding the incidence of cerebral palsy in *children*. This is a matter which has excited national interest and sympathy, and much has been done within the last few years to educate the public in the true nature of the disability, and to point out the needs of such children. In Bedfordshire, considerable attention has been given to the problem. Reference was made in last year's Report to a review which had just been concluded in Luton covering the south of the County, and to one it was hoped to make in Bedford to cover the north of the County. The latter was completed early in 1955 and it is now possible to give a picture of childhood cerebral palsy as it exists in the whole of the County. Both reviews were carried out by the same consultant.

In all, 59 children under the age of 16 years were seen. The results were as follows :—

	<i>Bedford Review</i>	<i>Luton Review</i>
Cerebral Palsy	18	15
Cerebral Palsy with mental retardation	6	4
Mentally Defective—not Cerebral Palsy	7	6
Other Conditions	2	1
	<hr/> 33 <hr/>	<hr/> 26 <hr/>

It will be seen that of the children presented to the consultant, 43 were cases of cerebral palsy. It is known, however, that there are eight other cases of cerebral palsy in Luton and four in the rest of the County who were not included in the review. It seems, therefore, that the total number of children under the age of 16 years who suffer from cerebral palsy of sufficient degree to have attracted attention is 55. The age and sex distribution of all these children is given in Table XXXIII.

TABLE XXXIII—AGE AND SEX DISTRIBUTION OF CHILDREN KNOWN TO BE SUFFERING FROM CEREBRAL PALSY IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1954

	Age in Years															Total under 16 years
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Males ...	1	2	2	1	3	3	2	5	4	1	4	—	5	2	1	36
Females...	—	3	1	2	1	5	—	1	1	1	1	—	1	1	1	19
Total ...	1	5	3	3	4	8	2	6	5	2	5	—	6	3	2	55

The number of children of compulsory school age is 43. Two of these, however, have mental retardation to such an extent as to be in-educable. The position as regards education of the remaining 41 is as follows :—

24 attend the appropriate ordinary school (transport being specially provided for some cases.)

3 attend small private schools, the Education Committee paying for two of these.

2 attend day special schools for handicapped children.

8 attend residential special schools for handicapped children.

3 receive home tuition.

1 is awaiting assessment and placement.

Of the children under compulsory school age, seven are mentally retarded and these will present special educational problems.

With regard to physical disability :—

(a) 40 children were of the spastic type, nine athetoid, three ataxic, and three variable ;

(b) 14 children had a severe handicap, 19 moderate and 22 slight ;

(c) 23 children had additional disabilities, comprising defects of sight, hearing, speech, and epilepsy.

All the children found to be suffering from cerebral palsy in the County have been examined by at least one consultant or specialist and many have visited several hospitals. At least six have had extensive surgical treatment. 29 have had or are still receiving physiotherapy. Five are attending speech therapy clinics, and two children are under treatment at the Child Guidance Clinic.

NURSING HOMES

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of Nursing Homes. Their powers and duties are, however, delegated to the Luton Borough Council in respect of premises in that Borough. In the remainder of the County there were, at the 31st December, 1954, eight Homes registered. These provided accommodation for nine maternity and 83 other cases. 25 inspections were carried out and the Homes were found to be satisfactory.

SECTION III

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

NOTIFIABLE DISEASES

2,038 confirmed cases of infectious and other notifiable diseases were notified to the District Medical Officers of Health during 1954. Details are set out in Table XXXIV. The information has been extracted from the Quarterly Returns submitted by the District Medical Officers. The corresponding figure for 1953 was 8,283. The decrease is largely explained by the almost complete absence of measles after an epidemic in 1953. In addition, there were nearly 400 fewer cases of dysentery, over 100 fewer cases of scarlet fever and 70 fewer cases of pneumonia. The only disease to show any appreciable increase was infective hepatitis with 81 cases compared with 26.

TABLE XXXIV—NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED AND CONFIRMED DURING 1954, IN THE SANITARY DISTRICTS OF BEDFORDSHIRE

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural		
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever...	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	1	—	—	1
Scarlet Fever ...	1	15	30	14	5	46	26	3	29	94	31	19	313
Para-typhoid Fever ...	—	1	—	—	—	—	—	—	—	—	—	—	1
Pneumonia (Acute) ...	—	7	48	15	—	13	2	—	25	29	12	11	162
Poliomyelitis—													
Paralytic ...	—	—	5	1	—	2	1	—	—	2	—	—	11
Non-paralytic ...	—	—	6	—	—	1	—	—	—	—	—	—	7
Polioencephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	1	4	—	—	7	—	—	100	—	2	114
Erysipelas ...	—	2	11	—	—	1	1	2	4	18	6	—	45
Whooping Cough ...	1	121	52	49	31	69	129	9	32	424	157	29	1,103
Measles ...	—	6	15	7	1	3	5	1	3	22	5	—	68
Ophthalmia Neonatorum	1	—	15	1	—	—	—	—	—	1	—	—	18
Puerperal Pyrexia ...	—	1	48	—	—	2	1	—	—	32	—	—	84
Food Poisoning ...	—	—	2	—	—	—	—	1	15	8	—	—	26
Infective Hepatitis (including Jaundice) ...	—	8	9	46	—	6	—	1	1	9	—	1	81
Encephalitis Lethargica	—	—	4	—	—	—	—	—	—	—	—	—	4
Gastro-Enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	3	161	246	137	37	143	172	17	109	740	211	62	2,038

Scarlet Fever

There were fewer cases of scarlet fever in 1954, 313 cases being confirmed, compared with 421 in 1953. In 1952, there were 286 cases. The disease was prevalent throughout the County.

Diphtheria

For the third year in succession there was no case of diphtheria. The last fatal case in the County occurred in 1946. Thus, for the time being at least, diphtheria has disappeared from the area. There is a danger that parents may think there is no longer any need to trouble about immunisation. Active steps are taken from time to time to prevent this happening.

Poliomyelitis and Polioencephalitis

18 cases of poliomyelitis were confirmed in Bedfordshire in 1954 compared with 24 in the previous year. Of these, 11 were of a paralytic nature. There were no deaths. No cases of polioencephalitis were reported.

Dysentery

114 cases of dysentery were notified in 1954, 100 of them in Luton Borough. The cases occurred throughout the year and there was no definite outbreak. In 1953, 505 cases were reported in the County, most of them in Luton and Bedford Boroughs.

Whooping Cough

1,103 cases of whooping cough were notified in 1954 compared with 1,052 in 1953. One infant died from the disease. The figures give no reliable indication of the actual number of cases that occurred. There are, undoubtedly, very many cases to which a doctor is not called and which, therefore, are not notified. It should be pointed out that the disease is by no means trivial and that it is not unusual for it to be followed by disabling after-effects. It has been pointed out earlier in the Report that the Authority have now provided facilities for vaccination against whooping cough.

Measles

Formerly, it was usual to encounter an epidemic of measles every other year, the number of cases in the intervening years being comparatively small. From 1947 to 1953, however, the annual number of known cases never dropped below two thousand. In fact, in the last-mentioned year, there were 5,821 notified cases. Such a large number of cases must, of course, greatly reduce the population at risk, which probably explains why there were only 68 cases of measles in 1954. This is not likely to be anything more than a brief respite and it should not be forgotten, therefore, that the disease may have serious after-effects and should not be lightly regarded.

Puerperal Pyrexia

In accordance with the Puerperal Pyrexia Regulations, 1951, any rise in temperature to 100·4°F. occurring in a woman within 28 days of childbirth is notified. 84 cases were notified in 1954.

Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, “jaundice” was made compulsorily notifiable in the region roughly comprising East Anglia, and including Bedfordshire, in November 1943. The number of cases reported annually since then in the County is given in Table XXXV, together with the figures for Bedford and Luton Boroughs.

TABLE XXXV- NUMBER OF CASES OF “JAUNDICE” IN BEDFORD AND LUTON BOROUGHES AND WHOLE COUNTY, 1944-54

Year	County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3
1953	26	16	2
1954	81	9	9

Whereas in previous years, the majority of cases have occurred in Bedford and Luton Boroughs, in 1954 only 18 out of 81 cases were reported in those districts.

46 cases were reported in Bedford Rural District. Of these, 20 occurred in the village of Eaton Socon and a further nine in the neighbouring villages of Staploe (6), Eaton Ford (2) and Wyboston (1). Of the remaining cases, eight were in the village of Harrold on the opposite boundary of the District. 12 families were involved in Eaton Socon and two in Staploe. 24 of the total of 46 cases were children of school age. The long incubation period often makes it difficult to trace the source of the infection. It is known, however, that the disease is spread by close personal contact and by food. The latter fact is an added reason for the utmost care and cleanliness in the handling of food.

In the Ampthill Urban District a small outbreak of infective hepatitis occurred in a residential nursery. A student left on the 7th August and commenced duty at a nursery school in Bedford on the 30th August. On the 7th September she developed jaundice. On the 1st September she had met in the street another girl who had left the nursery school on the 16th July and who had commenced duty at the residential nursery on the 2nd August. This girl became unwell on the 9th September and developed jaundice on the 18th September, when she was sent home. She returned to duty on the 6th October. A third member of the staff went on holiday on the 9th October having been unwell during the previous week. She became jaundiced on the 14th October whilst still at home. Two children and a student became jaundiced on the 18th October and another child on the 22nd October. A further student went home with tonsillitis on the 13th November and became jaundiced a few days later.

Gamma-globulin was given to the 21 unaffected children and to all but one of the unaffected staff. No children were admitted after the 30th September until the 24th November. Samples of water and bread were examined without obtaining any significant result. No further cases occurred.

TUBERCULOSIS

During 1954 there were 240 new cases of respiratory tuberculosis and 41 of non-respiratory tuberculosis notified. In addition, 67 respiratory and four non-respiratory cases came to notice otherwise than by notification, e.g., by Death Returns and Inward Transfers. Tables XXXVI and XXXVII give details of these cases and the corresponding figures for the five previous years.

TABLE XXXVI—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1949-54, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1949	203	147	350	21	28	49
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46
1953	197	135	332	23	26	49
1954	135	105	240	17	24	41

TABLE XXXVII—NUMBER OF CASES OF RESPIRATORY AND NON RESPIRATORY TUBERCULOSIS WHICH CAME TO NOTICE OTHERWISE THAN BY NOTIFICATION 1949-54, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non Respiratory		
	M.	F.	Total	M.	F.	Total
1949	19	27	46	5	9	14
1950	28	16	44	3	1	4
1951	27	22	49	2	4	6
1952	36	21	57	4	3	7
1953	46	23	69	6	3	9
1954	38	29	67	1	3	4

At the 31st December, 1954, there were 2,521 cases of respiratory and 286 cases of non-respiratory tuberculosis on the Chest Clinic Registers. Table XXXVIII shows these cases divided into men, women and children.

TABLE XXXVIII—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1954, SUBDIVIDED INTO RESPIRATORY AND NON-RESPIRATORY CASES

	Respiratory			Non-Respiratory			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	550	411	78	20	48	44	570	459	122
Luton ...	782	572	128	44	80	50	826	652	178
TOTALS ...	1,332	983	206	64	128	94	1,396	1,111	300

The number of attendances at the Chest Clinics during 1954 (including contacts) was 43,112, and 12,552 visits were paid to the homes of patients by the Tuberculosis Health Visitors. 444 home visits and examinations were made by the Chest Physicians.

Reference has already been made in the previous Section to the provision made by the Authority for the care and after-care of the tuberculous. From a public health view, however, preventive measures are even more important. Infectious cases must be discovered as early as possible and steps taken to prevent the spread of the infection. To this end, particular attention is paid to the examination of contacts, as will be seen from the following statement of cases of all forms of tuberculosis notified and contacts examined during the past four years:—

		<i>New Cases</i>	<i>Contacts Examined</i>	<i>Contacts found to have Tuberculosis</i>
1951	...	357	1,412	24
1952	...	422	1,479	29
1953	...	353	1,234	25
1954	...	292	1,177	24

These figures show that 6·7 per cent of all new cases of tuberculosis (all forms) diagnosed at the Chest Clinics during the four years were found as the result of examining contacts.

In all cases of tuberculosis coming to light posthumously, steps are taken to examine contacts in much the same manner as when a live case is notified. Follow-up of early cases among children and others is done as a routine. Towards the end of the year, the tuberculin testing of school entrants was commenced in Bedford Borough. Similar plans have been adopted in Luton Borough and will be put into operation during 1955.

Periodic surveys are carried out in the County by the Mass Radiography Unit. Also, for the convenience of general practitioners, miniature film sessions are held weekly at the Chest Clinics for patients in whose cases X-ray is required in order to exclude the possibility of pulmonary tuberculosis. Whenever it is desirable to do so, special investigations are carried out.

There is little difficulty in arranging suitable light work for patients who are considered suitable for re-employment after treatment. They continue under the supervision of the Chest Clinic and if the disease becomes active again they cease work upon being recommended to do so. In the south of the County, some persistently infectious and some disabled cases who would otherwise be unable to find employment are placed in a sheltered workshop, Ludun Ltd.

Mass Radiography

The Mass Miniature Radiography Unit from St. Albans again visited Bedfordshire during 1954. Most of the work on this occasion was done in Biggleswade. The results of the investigations show that 3,649 persons were X-rayed of whom three were found to have active tuberculosis. Those examined were in the following categories:—

Employed in industry, etc.	...	1,617
General Public	... ..	1,286
In attendance at Colleges and Schools.	... ..	746

VENEREAL DISEASES

The Regional Hospital Board are responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXXIX gives details of the numbers of patients who attended the two clinics during the year and the numbers who were removed from the registers for various reasons.

There is undoubtedly an increased awareness of the facilities available for the treatment of venereal diseases and a willingness to seek examination and advice. Thus, included under "Other Conditions" are those persons who attended the clinics after having exposed themselves to the risk of contracting venereal disease and who wished to satisfy themselves that they were not infected.

TABLE XXXIX—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS
AT 31ST DECEMBER, 1954, TOGETHER WITH ADDITIONS AND REMOVALS
THEREFROM DURING 1954

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients on register at 1st January, 1954 ...	78	96	28	14	81	68	187	178
No. of patients dealt with for first time during 1954 ...	24	12	53	27	286	152	363	191
No. of patients restored to register during 1954 ...	1	1	1	—	15	14	17	15
TOTAL A ...	103	109	82	41	382	234	567	384
No. of cases removed from register in 1954 as :—								
(a) cured or not confirmed	4	15	33	10	289	185	326	210
(b) defaulted ...	7	5	5	1	—	—	12	6
(c) died ...	—	—	—	—	—	—	—	—
(d) transferred for treatment elsewhere ...	10	8	7	3	—	—	17	11
TOTAL B ...	21	28	45	14	289	185	355	227
No. remaining on register at 31st December, 1954 (A-B)	82	81	37	27	93	49	212	157

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1938, the County Council, as Food and Drugs Authority for the Administrative County less the Boroughs of Bedford and Luton, are responsible for enforcing those provisions designed to secure that food and drugs are sold only in a pure and genuine condition. The local sanitary authorities are responsible for enforcing all the other provisions of the Act.

The inspection and supervision of food in the County area is undertaken by the County Sanitary Officer, assisted by a Milk Sampling Officer.

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as a Food and Drugs Authority, are responsible for the licensing of pasteurising and sterilising plants. There were no new applications for pasteurising licences during the year. One licence was cancelled owing to the owner's ceasing to pasteurise milk. On the 31st December, 1954, five pasteurising licences were in force. There were no applications received for licences in respect of sterilising plants.

MILK IN SCHOOLS SCHEME

Under the Milk in Schools Scheme, 144 schools received heat treated milk and two received Tuberculin Tested milk. This was the first time since the commencement of the scheme that all schools in the County area received a supply of designated milk. At the end of the year approximately 79 per cent of the children were taking milk in school.

CHEMICAL EXAMINATION OF MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. With regard to fat content, it may be pointed out that the real deficiency may be much greater than that given. The law presumes adulteration only if the milk contains less than 3 per cent milk fat. Table XL shows that the average fat content of 363 unadulterated samples examined during the year was 3.66 per cent.

371 samples were taken whilst the milk was in course of delivery and of these 17 were found to be abnormal. 20 appeal-to-cow samples were also taken, of which eleven were unsatisfactory. Thus there were 28 abnormal samples in all. In one case the milk had been accidentally contaminated after delivery. In the remaining cases the samples were deficient in fat only. Appropriate action was taken in each case.

TABLE XL—MONTHLY AVERAGE FAT CONTENT OF ALL UNADULTERATED SAMPLES OF MILK TAKEN DURING 1954

Month			Number of Samples	Milk Fat Content per cent
January	...	...	21	3.80
February	...	...	9	3.62
March	...	...	42	3.59
April	...	...	36	3.64
May	...	...	36	3.53
June	...	...	33	3.50
July	...	...	5	3.46
August	...	...	36	3.63
September	...	...	41	3.76
October	...	...	44	3.75
November	...	...	36	3.88
December	...	...	24	3.83
TOTALS	...	...	363	3.66

BACTERIOLOGICAL EXAMINATION OF MILK

During the year 299 samples of milk were taken from retailers supplying milk to the 146 maintained schools in the County (excluding Bedford and Luton). Samples were also taken from Hospital Farms and pasteurising and heat treating plants. Details of all samples submitted for bacteriological examination during the year are given in Table XLI.

TABLE XLI—NUMBER OF SAMPLES OF MILK SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING 1954

Classification	Routine Samples			First Follow-up			Second Follow-up			Third Follow-up			Total No. of Samples Taken
	Sat.	Unsat	Total	Sat.	Unsat	Total	Sat.	Unsat	Total	Sat.	Unsat	Total	
Samples taken from Schools ...	274	11	285	9	2	11	—	2	2	1	—	1	299
Samples taken from Hospital Farms ...	47	—	47	—	—	—	—	—	—	—	—	—	47
Samples taken from Pasteurising and Heat Treating Plants ...	130	2	132	2	—	2	—	—	—	—	—	—	134
TOTALS ...	451	13	464	11	2	13	—	2	2	1	—	1	480

BIOLOGICAL EXAMINATION OF MILK

During the year 350 samples of milk were tested by Guinea Pig inoculation and five samples were found to contain Tubercle Bacilli. The facts were reported to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, who took appropriate action.

When an unsatisfactory biological sample is reported, the farmer concerned is not allowed to sell the milk unless it is pasteurised. This restriction is removed only when the Divisional Veterinary Officer certifies that the herd is free from tuberculosis.

ICE CREAM

During the year, 20 samples of ice cream were examined by the Public Health Laboratory Service. They were graded as follows :—

Grade 1	...	...	...	...	15
„ 2	...	...	...	...	4
„ 3	...	...	...	...	1
„ 4	...	...	...	...	—

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory. The one sample in these latter grades was further investigated. Faecal coli were not found in any of the samples.

23 samples of ice cream were purchased under the Food and Drugs Act, the fat content varying from 6.5 per cent to 18.9 per cent, averaging 11.5 per cent over the entire number of samples taken.

SAMPLES OTHER THAN MILK

205 routine formal samples of food and drugs, other than milk, were taken during the year of which four were adulterated. Appropriate action was taken. 25 routine informal samples were also taken of which four were adulterated. Formal samples were subsequently taken in three cases and were found to be satisfactory. In the fourth case the stocks had been exhausted.

MERCHANDISE MARKS ACTS

Routine visits were made to premises and samples were taken, three of which proved unsatisfactory. Proceedings were instituted in two cases and were successful. A verbal warning was given in the other case.